10896

	10221	CERTITIO	TIE OI DEAII		Reg. Dist. N	lo.
	timore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary	pland b. co	Balti	more
b. CITY OR TOWN (If autside corpo RURAL and give negrest tawn)	orate limits, write c. LE	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	iutside carporate limits, v	write RURAL and give r	nearest tawn)
d. NAME OF HOSPITAL (IF not in ho OR INSTITUTION 133	ospital, give street address 6 Heathers	1.110 1	d. STREET ADDRESS	therhill f	Road	e. IS RESIDENCE ON A FARM? YES NO X
NAME OF DECEASED (Type or print) Mrs.	First Hanna	Middle S.	Ahlman	4. DATE OF DEATH	Month October 1	Doy Yeor 1th 1958
temale whit	R RACE 7. MARRIED WIDOWED 2	NEVER MARRIED	B. DATE OF BIRTH Mar. 17, 1874	9. AGE (In last birth		AR IF UNDER 24 HRS Hours Min.
66. USUAL OCCUPATION (Give kind during most of working life, even Houseus te		OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote)	ar fareign country)	U.S.	OF WHAT COUNTR
3. FATHER'S NAME (harle	s Silboli	a	Anna Musto			
5. WAS DECEASED EVER IN U. S. ARA			Mrs. Rae Br	ight, 1330	Address Heather	hill Roo
Canditians, if any, which gove rise to immediate cause (a), stating the under-lying cause lost.	SED BY: CAUSE (a) DUE TO (b) CORO DUE TO (c) AR	ONARY	ARTERY LEROSIS		osis	THRS
PART II. OTHER SIGNIFICA	ANT CONDITIONS <u>CONTI</u>	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	inal disease condition	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF	DEATH	HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Port II af item	18.)	
20c. TIME OF INJURY Month, ( Hour a. m. p. m.	While _		ACE OF INJURY (Hame, form ctory, street, office bldg., etc		(Cauni	(State
21. I certify that I attend alive an 100	led the deceased for 19 58		11			
PHYSICIAN'S NAME (Type)		0	FRAN	ICIS U.	BORG	ES
220. BURIAL, CREMATION, 22b. DATI REMOVAL (Specify) 10/	1 2/58 20c	Ridgewoo	d Cemetery	22d. LOCATION (City,	town, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ru	1 11	artord Roc	1 11 - 1	DOY REGISTRARS 248	REGISTRAR'S SIGNA	TURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ized by the haspital ar attending physician.

STOR: After this certificate has been signed by the attending physician and campletely filled in Usion of detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and prior to burial, crematian, ar removal, and in any event within 72 hours ofter death. ofter death. may be retain TO FUNERAL page 3 should the registrar p

after death. Page 4

funeral director, auld be filed with

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VS A15 (4) 15M 9/55

VS A15 (4) 15M 9/55

10932 CERTIFICATE OF DEATH

Reg. Dist. No.

10897

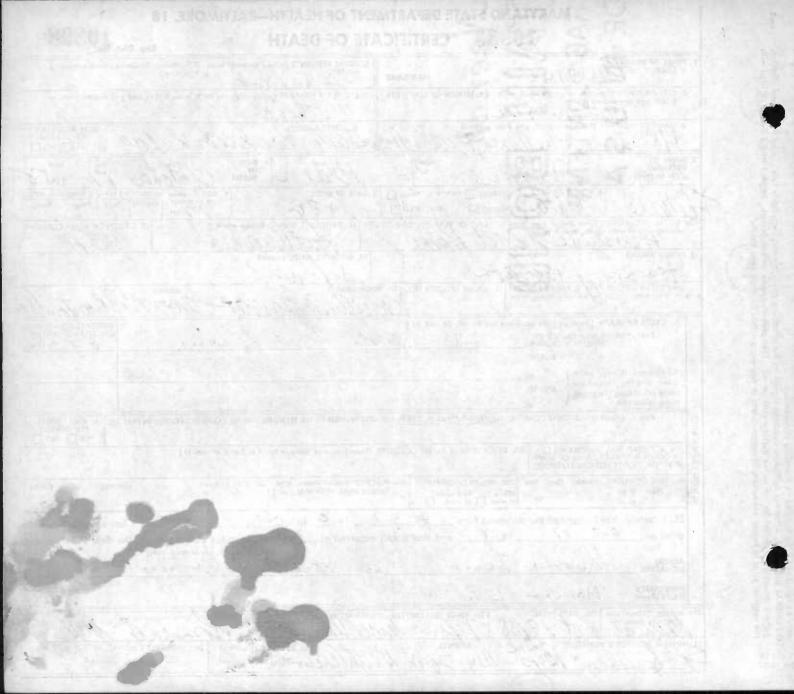
200013	
1. PLACE OF DEATH o. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Towson.	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn)  X Baltimore
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION May 1 400 Bellona Avenue	d. STREET ADDRESS  104 Dumbarton Road  6. IS RESIDENCE ON A FARM? YES \( \sum_{\text{NO}} \) NO \( \sum_{\text{X}} \)
3. NAME OF DECEASED (Type or print) Mrs. Anna E.	Albert 4. DATE Month Doy Year Of DEATH October 13th 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED \  temple white WIDOWED X DIVORCED	8. DATE OF BIRTH Nov. 5, 1870  9. AGE (In years lead to birthday) Nov. 5, 1870  9. AGE (In years lead to birthday) Nonths Doys Hours Min.
109. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)  Housewife	Baltimore, Maryland USA
13. FATHER'S NAME ? Mc Kenna	Mary E. Kirwin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (19 yes, give wor or dates of service)	Mr. William A. Albert, 104 Dumbarton Ro
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Canditions, if any, which gove rise to immediate	entfailer gurreile interval BETWEEN ONSET AND DEATH
couse (o), storing the under   DUE TO   lying couse last. (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	UT HOT RELATED TO THE VERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN NO IT
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH &	RED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of Work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
21. I certify that Lattended the deceased from the lattended the lat	th accurred at 5.20 AM, fram the causes and an the date stated above.  ADDRESS (Street, city or town, stole)  M.D. 3009 Evergreen Avenue 10/13/
PHYSICIAN'S Donald W. Mintzer  220. BURIAL CREMATION   22b. DATE THEREOF   22c. NAME OF CEMETERY	Baltimore, Maryland
Burbail 10/16/58 New Cath	nedaal (em. Baltimore, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5305 Harford	Road. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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VS A15 (4) 15M 10/57

MARYLAND SIAI	E DEPAKIM	ENT OF HEALTH—BALTIM	ORE, 18
10933	CERTIFICA	ATE OF DEATH	10898 Reg. Dist. No.
Etrone	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. a. STATE  AULI ALL  1	If institution: Residence before admission) b. COUNTY

1. PLACE o. CO	OF DEATH	eltime	MARYLA	II o STANE	(Where deceased lived. If in b. CO	nstitution: Residence be	fore admission)
	Y OR TOWN (If or RAL ond give neore	utside corporote fimits, write	c. LENGTH OF STAY IN	1b c. CINYOR TOWN	outside corporate limits,	write RURAL and give r	nearest town)
d. NA	ME OF HOSPITAL INSTITUTION	(If not in hospital, give three	la Flistergle	ne 30/4 A	Porkloto.	A aue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME DECEA (Type	OF ASED or print)	genne Genne	il middle	Bae	4. DATE OF DEATH	North /	Doy Yeor 7
2 M	ale.	White WIDON	RRIED NEVER MARRIED	1886		years IF UNDER 1 YEAR Inday) Months Days	R IF UNDER 24 HRS. Hours Min.
Gurin	House	lite even it retired)	KIND OF BUSINESS OR II	NDUSTRY 11. BIRTHPLACE (SI	huania	12. CITIZEN	OF WHAT COUNTRY
1/2	Saigh	Jacobsi	m	Silva	N NAME >		
(Yay, no. or	unknikwn) (H	give wor or dates of service)		William G	landel-3	107 Noos	hoeston la
	PART I. DEATH	[Enter only one couse per WAS CAUSED BY: IMEDIATE CAUSE (o)	line for (o), (b), and (c).]	Esster Haras	I Diseas		S JOS
Cor gov cous	nditians, if ony, re rise to imm se (o), stoting the g couse lost.	ediote (					
CATION	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE CONDITIO	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
O (IF EI	ACCIDENT WAS UNTRIBUTING THER, NOTIFY ME	CAUSE OF DEATH I	SCRIBE HOW INJURY OCCU	IRRED. (Enter noture of injury	in Port I or Part II of item 1	8.)	
	Hour o.m.	Whil		PLACE OF INJURY (Home, f factory, street, office bldg.,	orm, 20f. (City or town)	(Count)	y) (Stote)
alive	e on Ge	I attended the deced T. 17, 19 Roruel I		7 7 , 19.50 , to ath occurred at 7	A M, from the cau ADDRESS (Street, city or	ses and on the d	saw the deceased ate stated abave.  DATE SIGNED
	ICIAN'S E (Type)	MANUEL L	EVIN. M.O				
220. BURY	AL, CREMATION, DVAL (Specify)	Date thereof	22c. NAME OF CEMETER	MOR CREMATORY CHARLES	22d. LOCATION (Ein).	lown, or county)	In (Stole)
23 FUNER	AL DIRECTOR'S SI	GNATURE BOINC	ADDRESS by	Waste A 260. R	EC'D BY REGISTRAR 246.	REGISTRAR'S SIGNATI	URE



CERTIFICATE OF DEATH 10934 director death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Baltimore Maruland MARYLAND neral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporal RURAL and give nearest town) owson owson executed within 24 hours after d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS Range by DC Koad .5 NAME OF DECEASED First Middle 4. DATE completely filled Poges (Type ar print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH DIVORCED [ WIDOWED popers. tema 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign counduring most of working life, even if retired) deoth. imore. physician and corbon offer 13. FATHER'S NAME requires that the death certificate 15. WAS DECEASED EVER ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: 4
IMMEDIATE CAUSE (a) DUE TO þ Conditions, If ony, which any gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ( 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Doy, Year factory, street, affice bldg., etc.) Haur a. m. Nat while at wark at wark 21. I certify that I attended the deceased fram AUG 2 40 M, from detach and that death accurred at OR: ADDRESS (Street ACTUAL o FUNERAL Di O HOSPITAL O PHYSICIAN'S NAME (Type) the registrar 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATIO REMOVAL (Specify) 0 240. REC'D BY REGISTRA

IND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DATOCT 2 8 '58

1899

Reg. Dist. No

6. COUNTY Balt	imore :
limits, write RURAL and give	
pad	IS RESIDENCE     ON A FARM?     YES    NO
October 21.	Doy Yeor St 1958
last birthday) Manths Day	AR IF UNDER 24 HRS. s Hours Min.
ryland 12. CITIZEN	USA
son	
ader, 402 Ra	nge Road.
eralized "	NTERVAL BETWEEN NSET AND DEATH
ft	
ONDITION GIVEN IN PART 1(a)	PERFORMED?
af item 18.)	
town) (Caunt	ly) (Slate)
, 1958_,that I last	saw the deceased
he causes and on the c	
1, city or town, state) ylvania Ave	10/21/58
Maryland	
	ryland
24b. REGISTRAR'S SIGNAT	TURE

VS A15 (4) 15M 9/55

WEST Line and get	ATE OF DEATH	CERTIFICA	TOSS
The Chargon	TO DESCRIPTION OF THE PARTY OF		Jack Colonia
	310000		Toursen
	Line Marge Road	18.67	
The Tale	Sales But		A STREET
	Jan 2 The Fills		ena o ma como e e e e e e e e e e e e e e e e e e
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	Abelaide Nation	10	Jeanh (, Ailedeurie
102 hages Noad.	ns. Nove L. Schnader		
		1200	
niavina VO/IE/	a I call Courseles		
Mond	W. C. (2003. )		
San Carlo	MACON CONTRACTOR		
		DEGN DEG SE	Leonavar II. Rucky 505 N

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		K and so relicible 19	

ory, please or Poge files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necleared the certificate within 34 haurs after death. If any delay is necleared the certification of the function of the following the word "pending" in pending lien. 18. Give Pages 1, 2, and 3 to the function of a should be followed for a should be followed by the form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar ar its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

HEALTH DEPT.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10901

				reg, Dist. No.
PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where decease of STATE Maryland		Residence before odmission) Baltimore
b, CITY OR TOWN [If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	porote limits, write RU	RAL and give nearest town)
Sparks	20 yrs.	× Sparks		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		/d. STREET ADDRESS		e. IS RESIDENCE
		Thornton Mill	Rd.	YES NO
3. NAME OF DECEASED First William Wesley	Middle Baker	Losi 4. DATE OF DEATH	Month	Day Year  1858
5. SEX 6. COLOR OR RACE 7. MARRIES		DATE OF BIRTH	9. AGE (In years   IF	UNDER TYEAR IF UNDER 24 HRS.
male white WIDOWED	DIVORCED	4-16-1904	54 yrs. M	onths Doys Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign of	ountry)	12. CITIZEN OF WHAT COUNTRY?
	trucking	Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
William W. Baker		Mary Norwoo	od	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IN	FORMANT	Address	
no	01	ive C. Baker	above	
18. CAUSE OF DEATH [Enter only one cause per line for	or/(a), (b), and (c). ]	/	-	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	OVONAVI	TTANOZOT	25/5	ONSET AND DEATH
420.1 DUE TO		1-		The second
Conditions, if ony, which) (b)				
gave rise to immediate cause (a), stating the underlying DUE TO				
couse fost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CAUSE OF DEATH.	HOW INJURY OCCURRED. (En	ter noture of injury in Port I or Port II	of item 18.)	
Hour o. m. While	Not while k at work   20e. PLAC	E OF INJURY (Home, farm, 20f. (City y, street, office bldg., etc.)	or town)	(County) (State)
21. I certify that I taak charge of the re	emains described abov	e, held an Autapsy [], Ir	spection -	nquiry . and in my
opinion death resulted from: Natural co	ouses C. Accident			ned manner
ACTUAL SIGNATURE MADE TO	Though	M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED
EXAMINER'S ( Ad ) les F.	O'Donne	ASSISTANT MEDICAL EXAMINE  DEPUTY MEDICAL EXAMINER		199/18
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 10-11-58	Boslevs Met		arks, Md	
Brooks Funeral Service	ADDRESS CONTROL RES	240. REC'D BY REGIST	RAR 24b. REGISTRA	R'S SIGNATURE
Jacou Duery		1 1 4 58	arthur &	Kinas

: E8, 4386u6 S) BOXYE . THIRD BOXY 10937 CERTIFICATE OF DEATH

8 10902 Reg. Dist. No.

X0001			Keç	g. Dist. No.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryland	e deceased lived. If institution, Re b. COUNTY	esidence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Fort Howard	LENGTH OF STAY IN 16		side corporate limits, write RURAL	ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION Veterans Administration	d. STREET ADDRESS 347 South	Gilmor Street	IS RESIDENCE     ON A FARM?     YES    NO     NO     NO     NO     NO     NO     NO	
3. NAME OF DECEASED (Type or print)  JOSEPH	J. B	BALONIS	OF October	15° Yeo 58
5. SEX Male  6. COLOR OR RACE 7. MARRIED [ White   Widowed		8. DATE OF BIRTH May 16, 1912	9. AGE (In years left) lost birthdoy) yrs.	NDER 1 YEAR IF UNDER 24 HRS.  onths Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborer Odd	O OF BUSINESS OR INDUS	Baltimore,		2. CITIZEN OF WHAT COUNTRY U. S. A.
Joseph Balonis		Josephine Tor		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	IAL SECURITY NO. 17. IN-	VFORMANT.	m. Hospital, Ft. Ho	oward, Maryland
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  DUE TO ILEFT V.  (b)  DUE TO  (c)	nary Edema Entricular F.			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONT Generalized arterioscleros 20c. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. ACCIDENT WAS UNDERLYING  CHARGE  20c. ACCIDENT	sis and adva	nced cirrhosis	of liver	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	D. (Enter noture of injury in Por	rt 1 or Part II of item 18.)	
Hour o. m. While of work	Not while of work	CE OF INJURY (Home, form, tory, street, office bldg., etc.)		(County) (State)
21. I certify that Xattended the deceased for the control of the c	and that death	accurred at 11:35P		on the date stated above
PREMORAL (Specify)  NAME (Type) R. SALDANA, M.D.  220. BURIAL, CREMATION, 27b. DATE THEREOF  10-20-58	HAMPER CEMETERY OF Balltimore Nat	r CREMATORY Cem.	2d LOCATION (City, town Mary Baltimore, Mary	yland (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGISTRAR	'S SIGNATURE
Wm Cook-Blight Inc 6000 Hafef	ord Rd. Balt	O. TIL MOLDATOCT 1	1 7 58 C want	& thousa

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 2 may be retained by the haspital or attending physician.

O FUNERAL DIFFERS. After this certificate has been signed by the attending physician and completely filled in by Apage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 she the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours ofter-death. TO FUNERAL DIR VS A15 (4) 15M 9/5S

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Poge 4,		TO FUNERAL DIRE. R: After this certificate has been signed by the attending physician and campletely filled in by the	page 3 should be defached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 show be filed with	the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.
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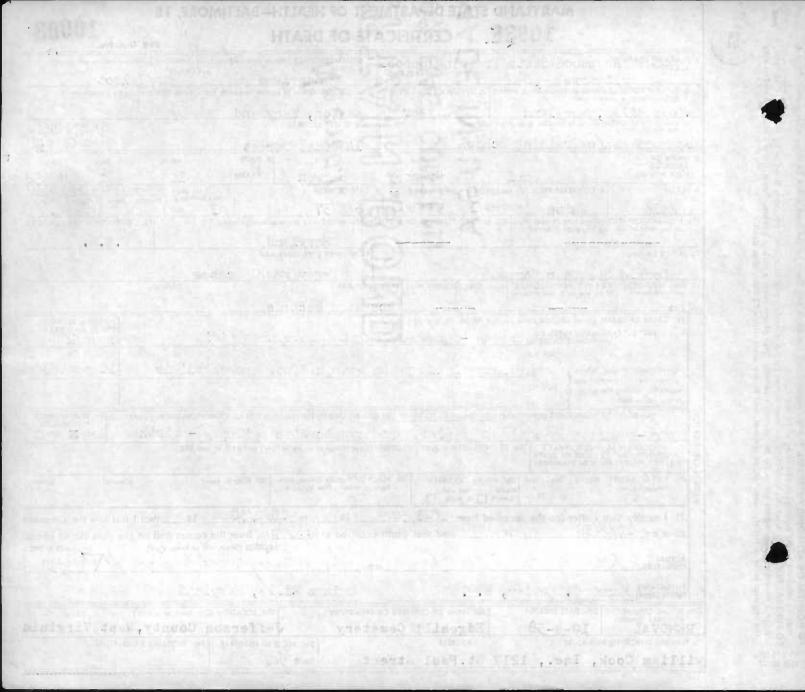
VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10938

**CERTIFICATE OF DEATH** 

10903 Rea. Dist. No.

1. PLACE OF DEATH	osewood St	ate T	raining Sch	100]	USUAL RESIDENCE	(Where decease	ed lived. If institut		e befare ad	missian)
Bal	timore		MARYL	AND		rland	b. COUNT		bot	
b. CITY OR TOWN ( RURAL and give n	If outside carporate lim	its, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN	(If outside corp	orote fimits, write f	RURAL ond g	ve neorest	tawn)
		d	l year		Easton, N	(arvland	2	0 40	. 5	
Owings Mill d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol,	give street	oddress)		d. STREET ADDRES	S			e. IS	RESIDENCE
Rosewood St	ate Traini	ng Sc	hool		14 Judas	Street			YES	N A FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Mor	nth	Day	Yeor
(Type or print)	P	aul	Grego	ry	Barron	OF DEATH	10		2	19 58
5. SEX			RIED NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years		YEAR IF U	NDER 24 HRS.
Male	White	WIDOW	ED DIVORCED		6/8/57		lost birthdoy) yrs.	Months	Days Ho	urs Min.
10a. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTR		itate ar fareign e	country)	12. CITI	ZEN OF WI	HAT COUNTRY
during mast at wor	king life, even if retired	2)			Marv	land		11	.S.A.	
13. FATHER'S NAME					14. MOTHER'S MAID				.U.M.	
Donald	Strother B	arror		300	Peggy	Pearl M	Scat ee			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	RCES? 16.		17. INFO		- Carr	Add	ress		
(Yes, no. or unknown)	(If yes, give war or dates of	service)		Pos	ewood Reco	mda				
	ATH [Enter only one co	puse per li	ne for (a), (b), and (c).]	LILOS	ENOUGH REEL	MUB.			LINITEDVA	LBETWEEN
			cho-pneumon	in di	ie to sout	o haono	hitie		ONSET A	ND DEATH
5000			icno-priedisori	La U	te co acut	e pronc	IITOTO		1 We	ek
Conditions if	DUE TO		tomal anmher	o o mo		Aire has	nahi aliti		170 -	a sale la m
Conditions, if a	mmediate	-	teral emphy	Sema	MICH GITT	use bro	HCHLOTIC.	LS	TO IN	onths
tying cause last.	the under-	)								
		(a)	CONTRIBUTING TO DEAT	THE BUILT NIC	T BELLIED TO THE T	ERANNAL DICEAS	F COMPLETION OF			
OL 49 X									PE	RFORMED?
30- ACCIDENT W			uadriplegia					rrun	YES	NO 🗌
O THE EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY OC	CURRED. (	enter nature at injury	y in Port I ar Por	rt II at item 18.)			
20c. TIME OF INJUR Haur a. m.	Y Manth, Day, Ye			Oe. PLACE	OF INJURY (Home,	form, 20f. (Cit	y or town)	(Co	ounty)	(State)
p. m.	19	While at war	k ot wark	100101	y, sireer, dirice blog.,	, erc.)				
21. I certify th	at I attended the	decens	ed from 10/1/	57		10/2/58	3, 19	Ab ma I I .		
alive an 10	/2/58	10	, and that a			5 DA4 6		INOLI 1	151 3GW 11	ne decease
0		17	o o	Jean G	corred di		treet, city or town,		e date st	DATE SIGNE
ACTUAL	Jann !	5 /	gutter	/	( w	71.60	12/1	66	1266	10/50
SIGNATURE		-		M.D					10	12128
PHYSICIAN'S Ha	rry G. But	ler,	M.D.		Owings M	ill's, M	aryland			
220. BURIAL, CREMATIO		)F	22c. NAME OF CEMET	ERY OR C	REMATORY	22d. LOCA	TION (City, town,	or county)	C	State)
REMOVAL (Specify)	10-4-58	3	Edgehill	Ceme	tery	Jeffer	cson Cou	nty, We	est V	irginia
23. FUNERAL DIRECTOR	S SIGNATURE	1 = 1 = 1	ADDRESS		240. 1	REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIG	NATURE	
William Co	ok, Inc.,	1217	St.Paul S	tree	t DATE	OCT 7	'58 C	Lithua 8	de -	



VS. A15ME(5) 5M 9/55 N

MARYLAND	STATE	DEPARTMEN	NT OF HEALTH-	-BALTIMORE,	18
MEDIC	AL EX	AMINER'S	CERTIFICATE	OF DEATH	D

10904

	10007			Re	g, Dist. No.
PLACE OF DEATH	Baltimore	MARYLAND	2. USUAL RESIDENCE (Where dece	b. COUNTY	Residence before odmission) Baltimore
b. CITY OR TOWN (If and give negres) town)	outside corporate limits, write RURA	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If aulside co	rporote limits, write RURA	L and give nearest town)
	ndalk	50 yrs	Dundalk 53		
d. NAME OF HOSPITA	At Home	in hospitol, give street address)	d. STREET ADDRESS 1805 Homberg Av		6. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	First	Middle	Lost 4. DATE	Month	Day Year
(Type or print)	700440	Madadach B	ACARA DEATH	1	7 19 5
5. SEX	73	MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years   IFUI	NDER TYEAR IF UNDER 24 HRS
M	WID WID	OWED DIVORCED	December 16, 1895	62 yrs. Mon	oths Days Hours Min.
00. USUAL OCCUPATIO	N (Give kind of work done	106. KIND OF BUSINESS OR INDUST		country) 12	. CITIZEN OF WHAT COUNTRY
Self Em		retired	Poland		U. S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Unknown			Unknown		
	R IN U. S. ARMED FORCES?		PORMANT	Address	
res, no. or onchown,	in yes, give war or other or service;		rnard Basara 1805	Homberg Ave	e Balto, 22, Md.
18. CAUSE OF DEAT	H [Enter only one cause pe		1/		INTERVAL BETWEEN ONSENAND DEATH
	H WAS CAUSED BY:	Cerebial	Hemantin	, 0	an men -
331 X	DUE TO	1/ /			In
Conditions, if or		ty nextoon	sim		16 ar
gove rise to immed	iote cause	1/			
(o), stating the u	(c)				
Z PART II. OTH	ER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY
Ĭ					YES NO
PART II. OTH  PART II. OTH  OTH  OTH  OTH  OTH  OTH  OTH  OTH	SE WAS 20b. DE	SCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Port I or Port	II of item 1B.)	
	Y Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (Ci	ity or town)	(County) (Stote)
Hour a. m.	19	While Not while factors of work of work	ory, street, office bldg., etc.)	Walley C	
		the remains described aba	ve held an Autansy	Inspection , Ir	nguiry 7, and find the
death resulted				Indetermined cause	
dedin resolved	The state of the s	Accident, 301	cide [, Hamicide [, C	onderermined coos	с <u>Г</u> .
ACTUAL	to all K	Pallin	CHIEF MEDICAL EXAMINER	7	DATE SIGNED
SIGNATURE	July C	0	_M.D. CHIEF MEDICAL EXAMINER L		
EXAMINER'S NAME (Type)	JACK C	Collins	DEPUTY MEDICAL EXAMINER		16.2-58
220. BURIAL, CREMATION	N, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOC	ATION (City, town, or cou	unty) (Stote)
Burial (Specify)	10/6/58	St. Stanislau	s Cemetery 1300	Dundalk Av	e Balto, Md.
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	24a, REC'D BY REGIS	STRAR 24b. REGISTRA	R'S SIGNATURE
Deng	o a Nelu	2 705 & Cm	1 OI DATE 10/6 K	8 Chich	word. Krau

April 2015, Phys. Lett.				- VOCOL	
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			BILL CO		
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death. Page

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executed within 24

law requires that the death certificate be

MARYLAND STATE PER COLMENT OF HEALTH-BALTIMORE, 18

CBGH S			
		Harris A. C.	
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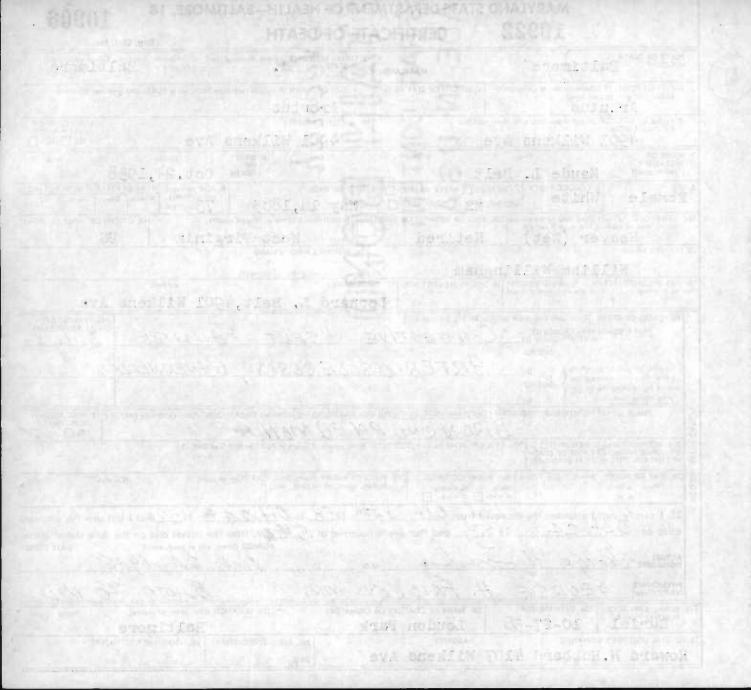
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5	1	4	1	
				5 (4) 0/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10922 CERTIFICATE OF DEATH

10906

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Arbutus	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  5/ Arbutus
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4901 Wilkens Ave	d. STREET ADDRESS  4901 Wilkens Ave  e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Maude L. Belt	Lost 4. DATE Month Day Yeor OF DEATH Oct. 24, 1958 19
5. SEX Female   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWEDER DIVORCED	B. DATE OF BIRTH  9. AGE IIn years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Doys   Hours   Min.   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Weaver (Ret)  Retired	USTRY 11. BIRTHPLACE (Stote or foreign country)  West Virginia  US
13. FATHER'S NAME  William Willingham	14. MOTHER'S MAIDEN NAME
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service)	Mary Owens INFORMANT Address Jeonard L. Belt, 4901 Wilkens Ave
450,0 DUE TO	SCLEROSIS GENERALIZED
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 491 X BRONCHO	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq \text{NONIA} \)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	LACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
21. I certify that I attended the deceased from OCF 12 alive on OCF, 24, 1958, and that death SIGNATURE SECRET H. FRISKE PHYSICIAN'S FEORGE H. FRISKE	5th, 1958, to Oct. 24 h, 1958, that I last saw the deceased accurred at 550 AM, from the causes and an the date stated above ADDRESS (Street, city or town, stote)  DATE SIGNED  ADDRESS (Street, city or town, stote)  DATE SIGNED  ADDRESS (STREET, CITY OF TOWN, STOTE)  DATE SIGNED  ADDRESS (STREET, CITY OF TOWN, STOTE)
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY 6 REMOVAL (Specific) 10-27-58 Loudon Pa	(5.6.6)
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  HOWARD H. Hubbard 4107 Wilkens Av	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



1				CERTII	FICA	E OF DEATE	1		Reg. Di	st. No		
1.	PLACE OF DEATH o. COUNTY Baltim	ore		MARYL		. USUAL RESIDENCE (WA STATE Maryland	ere decease	d lived. If institute b. COUNTY	oni Resider	3Va	ore admiss	ion)
	b. CITY OR TOWN (If RURAL and give ned Fort H	prest town)	ts, write	c. LENGTH OF STAY I	N 1b	4610 Mainf				_		-
	d. NAME OF HOSPITA	AL (If not in hospital, g	rati			d. STREET ADDRESS (Baltimore)		Mainfiel	K III		. IS RES	
3.	NAME OF DECEASED (Ser	ved as fir REINHO	~~~~	NHOLD Middle R.A.		BENSER ost ENSER	4. DATE OF DEATH	Mon Octob		2	*	Yeor 1958
5.	Ma <b>l</b> e	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIES		pate of Birth agust 29,188	3	9. AGE (In years lost birthdoy) 75 yrs.	Months	Days	Hours	Min.
1	Employee-	ng life, even if retired	1	kind of Business of ost Office	(US)	Germany		ountry)	0.0	S.	A	COUNTRY
/13.	Richard C.	Benser				Margaret B		t				
	WAS DECEASED EVER	IN U. S. ARMED FOR		social security no. 18-32-2450	Cli	Rec., Vet. A	dm.Ho	spital,Ft	. How	ard,	Md.	
		TH [Enter only one co 'H WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (o), (b), and (c).] CARDIAL INF		ION					ERVAL BE	
	Conditions, if on		ART	ERIOSCLEROI	TIC H	EART DISEASE				I	INKNO	WN
	gove rise to im couse (o), stating the lying couse lost.	he <u>under-</u> DUE TO	GEN	FRALIZED AF							JNKNO	
CATION	3 GTanc	OMA.	s, 1	eft poplite	al ve	ein.2. Cereb	ral ti	rombosis	EN IN PAR	T 1(o)	PERFO YES	AUTOPSY RMED?
L CERTIFI	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (	Enter noture of injury in I	Port I or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While of wor	Not while		OF INJURY (Home, form y, street, office bldg., etc.		y or town)	(	County)		(Stote)
	21. I certify the	attended the	deceas XXXXX	ed from Septer	death o	26 1958 to Occurred at 11:50	ADDRESS (S	m the causes a treet, city or town,	ind on t	fast si he da		decease ed abave ATE SIGNE 20/58
	INAME (Type)			.D.,Chief,								
L	BURIAL CREMATION REMOVAL (Specify) Burial	10/23/	58	Baltimore				TION (City, town, o	arvla	nd	(Stot	e)
L	FUNERAL DIRECTOR'S	52	55	ADDRESS	11	DATE DATE	ICT 2 2	TRAR 246 REGI	STRAR'S SI	SNATU	RE aus.	

neral director, d be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.

2 FUNERAL DIF OR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 stee registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO FUNERAL DIV VS A15 (4) 15M 9/55

AND THE RESIDENCE THE RESIDENCE OF THE PROPERTY OF THE PROPERT . . . A STATE OF THE PARTY OF THE PAR the state of the same a section of the section of the 

uneral director,

TO FUNERAL DI OR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shall be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shall be registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

TO HOSPITAL OR VS A15 (4) 15M 9/55

		LU	341 CERTIF	ICAT	E OF DEA	TH		Reg. Di	st. No.		
o. COUNTY Bal	timore		MARYLA		USUAL RESIDENCE o. STATE Mar	(Where deceose yland	ed lived. If institution b. COUNTY	oni Residen	te before	odmiss ore	on)
b. CITY OR TOWN (If our RUBAL and give neare Hural	otside corporate limi est town) TOWSON	ts, write	c. LENGTH OF STAY IN	ч 1ь	c. CITY OR TOWN		orate limits, write R DWSON	URAL and	give near	est fown	)
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, g Glenarm R		oddress)		STREET ADDRESS Glenar	n Road			•	IS RES	DENCE FARM? NO
3. NAME OF DECEASED (Type or print) Si	Fir ster Mary		Middle Esindis Boet	tche	Lost	4. DATE OF DEATH	Mon OC		Doy 30		reor 1958
5. SEX 6.	White	7. MARI	RIED NEVER MARRIED  DIVORCED		May 1, 187	74	9. AGE (In years lost pirthday) yrs.	Months	Doys	Hours	R 24 HRS. Min.
0o. USUAL OCCUPATION I during most of working Housework	(Give kind of work of life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	West Pr		country)	12. CIT		WHAT	COUNTRY
3. FATHER'S NAME				1	4. MOTHER'S MAIDE	N NAME					
Jo	hn Boetto	her			Elizab	eth Mid	chaelofsk	i			
5. WAS DECEASED EVER IN	U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress			
				Sis	ter M. Pet	er Fou:	rier N	otch (	Clif	f, M	d.
Canditions, if ony, gove rise to imm couse (o), stoting the lying couse last.	ediate under- DUE TO	Hy	Jremia pertensive (					ENI INI DAD	10	10 y	rs.
200. ACCIDENT WAS U	INDERLYING		CRIBE HOW INJURY OC			*		EIVIIVIAN		PERFO	RMED?
OR CONTRIBUTING D (IF EITHER, NOTIFY MEI 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH DICAL EXAMINER)	ar 20d. II While of wor	Nat while		OF INJURY (Home, 1, street, affice bldg.,		ly or town)	(6	County)		(Stote)
21. I certify that alive an Octoy  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) Cha	ottended the 28 th.	2. 19 <u>5</u>	and that of	. 11/	7501 You	ADDRESS (		stote)		e state	
	226. DATE THEREO		22c. NAME OF CEMET	ERY OR CI	REMATORY  IA CEM	22d. 10C/	ATION (City, town, o	or county)	To	(State	N,M
23. FUNERAL DIRECTOR'S, SI	GHATURE LEILES	101	SI CONKLI	NO S	ST	EC'D BY REGIS		STRAR'S SIG			

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		Shirman States	Company of
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VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10942 CERTIFICATE OF DEATH

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Ren	Diet	No	I	W	J	U	J

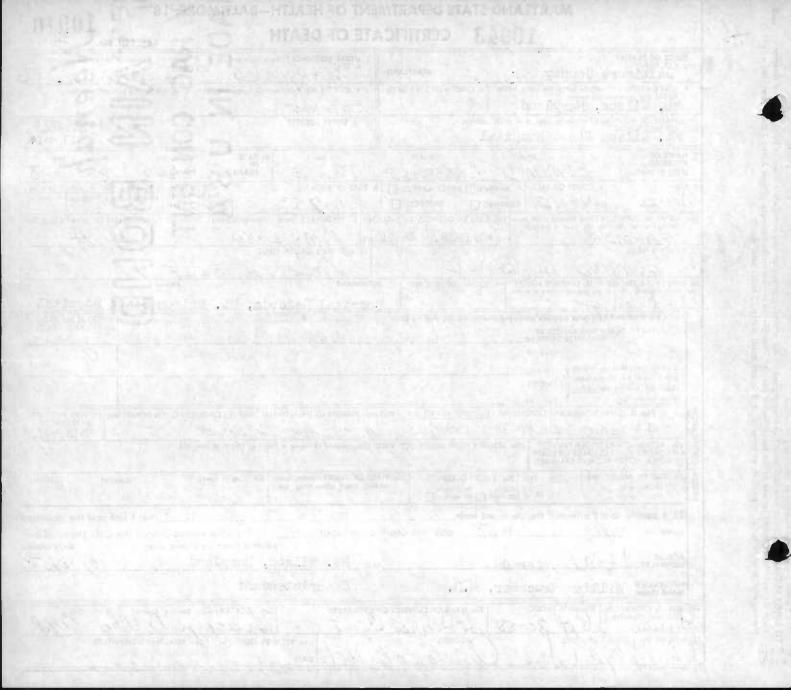
								wall nis	1, 140.	
1. PLACE OF DEATH a. COUNTY	Bal	Ltimo	re MARYI		USUAL RESIDENCE (Wo. STATE Mary)		ed lived. If institut b. COUNTY			lmission)
b. CITY OR TOWN (II RURAL and give ne	f outside corporate limitarest town)  Bradshaw	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		orate limits, write l			town)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, suriper		oddress)		d. STREET ADDRESS Junip	er Rd			0	RESIDENCE IN A FARM?
3. NAME OF DECEASED (Type or print)	Fin	ir ew	Middle J.	Bosch	Last	4. DATE OF DEATH	Mo	nth Ct.	Doy 2.	Year 19 58
5. SEX Male	6. COLOR OR RACE White	7. MARR	NEVER MARRIE	D 🔲 8. 0	an. 26, 18	98	9. AGE (In years last birthday)	IF UNDER Months	,	NDER 24 HRS.
100. USUAL OCCUPATIO during most of work Builder	ing life, even if retired	dane 10b.	KIND OF BUSINESS OF		11. BIRTHPLACE (Stat			12. CIT	ZEN OF W	HAT COUNTRY?
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
	J. Boscher					ary A.	Gunzelma			
15. WAS DECEASED EVER (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		8-32-11/6		Anna M. B	oscher		er Rd.	Brads	shaw, Mo
Conditions, if or gave rise to in cause (a), stoting I lying cause last.	the <u>under-</u>	Me See	tastatu madayti)		mys see		ne. nofeke	twad	12	v.
CA.					TRELATED TO THE TERM			VEN IN PART	PE	REORMED?
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	KIBE HOW INJURY OC	CURRED. (I	inter nature af injury in	Part I ar Par	t II of item 18.)			
20c. TIME OF INJURY Hour a.m. p. m.	Y Month, Day, Yes	20d. IN While at work	Nat while	20e. PLACE factory	OF INJURY (Hame, far , street, office bldg., et	m, 20f. (City	er town)	(C	ounty)	(State)
21. I certify the alive an	at I ottended the	decease , 19	_ ^	death ac	, 1957, ta courred at 111		/ 1/	and on th		he deceased tated abave. DATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) Burial		958	22c. NAME OF CEME St. S			22d. LOCA	TION (City, town,			State)
23 FUNERAL DIRECTOR'S		Home	ADDRESS e 7401	Bolo		OCT 6	TRAR 24b. REGI	STRAR'S SIG	NATURE	

MPLACE OF		maa Saligaalaa	
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	and the landstate of	A STATE OF THE STA	
	COLUMN TO SERVICE ASSESSMENT		harding
The Design		Alle-Rouce .	
	6	111-58-816	
. No. of the least	10 mm		
		Mark - June 1991 A. Co	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10943 **CERTIFICATE OF DEATH** Rea. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY filed b. COUNTY Baltimore County MARYLAND CITY OR TOWN (If outside carporote limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Mt. Wilson, Maryland LOTHIAN d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE 02 or Institution It. Wilson State Hospital ON A FARM? YES NO NAME OF Middle 4. DATE Lost Month Day Year DECEASED (Type or print) DEATH 19 0 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Manths Days WIDOWED DIVORCED | popers. YES 10a. USUAL OCCUPATION (Give kind of work dane 10b (IND) OF BUSINESS OR INDUSTRY 11. BATHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of warking life, even if retired) puo pou ŏ 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME car ROWIE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Hospital Records, Mt. Wilson State Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 1UBERCULOSIS IMMEDIATE CAUSE (a HORSK DUE TO ony Canditions, if ony, which gave rise la immediate Dec DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c, TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) (Stote) Haur o. m. factory, street, affice bldg., etc.) While Nat while of work at wark 21. I certify that I attended the deceased from 1. to 16 19 S, that I last saw the deceased alive an\_ and that death occurred at 1150 M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Mt. Wilson, Maryland DIRE P Superintendent PHYSICIAN'S William Newcomer, M.D. NAME (Type) FUNER 229 RURIAL CREMATION. 226-DATE THEREOF 22c. HAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county (Stote) EMQVAL (Specify) 10 23 FUNDRAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR Ab. REGISTRAR'S SIGNATURE VS A15 (4)

death! Page

15M 10/57



#### FOR STATE HEALTH DEPT.

HEALTH DEP

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the certificate world "pending" in pencil in Item 18. Give Pages 1. 2, and 3 to the funeral distributed be for items of the following the form of the following the following the following the following the following the following form PMS. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH R.

Reg. Dist. No.

	LACE OF DEATH	ore		MARYLAND	2. USUAL RESIDEN  a. STATE		b. COUN		efore admission)
b		outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	Maryla c. CITY OF 10W	N (If outside co	rporate limits, write	RURAL and give	neorest (gwn)
	and give nearest town				A STATE OF THE STA	( 00.0.00 00	. por are mining, mini	one give	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Oella	N OP INSTITUTION (	of not in he	20 years	X Oella	ECC			e. IS RESIDENCE
			IF NOT IN NO	spiror, give street dodress)	1/				ON A FARM?
-	127 Pleas	ant Hill			127 Pl	Leasant	Hill		YES NO
- [	NAME OF DECEASED	Fir		Middle	Last	4. DATE OF	Man	th Day	
	Type or print)		CITRIC			DEATH			9 19 58
5. 5	EX	6. COLOR OR RACE	. MARRI	ED NEVER MARRIED B	DATE OF BIRTH		9. AGE (In years lost birthday)	Months Days	
	Male	White	WIDOWE	D DIVORCED	1-24-1906	Ś	52 yrs.	Months Days	Hours Min.
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	Carding R		Wo	oolen Mill	10 N/	MERI	Mal.		
13.	FATHER'S NAME	CORL			14. MOTHER'S MAID	DEN NAME	114		
	Arthur	Rowmwn				atherin	e Kern		
	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. IF	FORMANT	,	Addres		
(70)	no, or unknown)	(If yee, give war or dates al	ouvice)	13-09-107-1					
-		TH [Enter only one cau	te per line	for (a) (b) and (c) ]		17		LIMITI	ERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:		Con Con	mastr	hum	1-21	ON!	SET AND DEATH
	1165 - 1	IMMEDIATE CAUSE (6)	teriore that the terms of the	17		1	vice		
-3	420.1	DUE TO		to mini	1 mari Al	7	10		
	Canditians, if as			OUN	THE PERSON NAMED IN	eau	dis	ex	
	(a), stoting the				1				
	cause last.	) (c)			//				
CATION	PART II, OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO D
CERTIFIC	200. EXTERNAL CAL PRIMARY   or CON CAUSE OF DEATH.	ISE WAS TRIBUTING 1	b. DESCRIB	E HOW INJURY OCCURRED. (E	nler nature of injury i	n Part I or Part I	t of item 18.)		
7	20c. TIME OF INJUR	Y Manth, Day, Yes	- Inn	THURN OSCUPED 120 THE					
MEDIC	Haur o. m.	19	Whil		CE OF INJURY (Home, ary, street, office bldg.		ly or town)	(Counly)	(State)
	21. I certify th	at I taok charge	of the	remains described abo	ve. held an Aut	opsy 🗔	Inspection 🗖	Inquiry L	and in my
				causes . Accident [	_		e . Undet	The second	d'
		21	1	4.11					
	ACTUAL	Ter/	m.	Lieffer	M.D. CHIEF MEDIC	AL EXAMINER			DATE SIGNED
	d	14200	1/11		ASSISTANT M	EDICAL EXAMIN	ER 🗍	not.	
	EXAMINER'S NAME (Type)	E 0. 3, 1VI.	KIL	FIEER	DEPUTY MEDI	CAL EXAMINER		an.	24.58
220	BURIAL, CREMATIO	N. 22b. DATE THEREC	)F	22c. NAME OF CEMETERY OR	CREMATORY	72d. LOC/	ATION (City, town,	or county)	(Slole)
	REMOVAL (Specify)	11-1-	<b>-8</b>	Gean Cuen	IFRA	F-1	111000	Day A	1.
23.	FUNERAL DIRECTOR	S SIGNATURE	) 0	ADDRESS	240	REC'D BY REGIS	TRAR 245 PEG	ISTRAX'S SIGNATU	IPF
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
10945 CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution-Residence before admission) a. COUNTY b. COUNTY MARYLAND 67CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CIPTOR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest layer d. NAME OF BOSPITAL (If not in hospital, give street oddress) . IS RESIDENCE YES NO NAME OF Middle 4. DATE last Year DECEASED OF DEATH 195 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Haurs WIDOWED Z DIVORCED yes. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHFLACE (State or foreign counts) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OF QURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Nat while at work at wark 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at 5/30PM, from the causes and on the date stated above. ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22g. BURIAL CREMATION. MAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, (State) REMOVAL (Specify UNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Krous DATE OCT 4

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VS A15 (4) 15M 9/55 Reg. Dist. No.

PLACE OF DEATH     O. COUNTY	BALTIMOR	E MARYLAND	2. USUAL RESIDENCE (V o. STATE		f institution: Resident COUNTY	te before admission)	
b. CITY OR TOWN RURAL and give	(If outside corporate timits, wrinearest lown)  RURAL - HERRY	1/1	c. CITY OR TOWN (III	f outside corporate limits	write RURAL and a	give nearest town)	
d. NAME OF HOSP OR INSTITUTION	TTAL (If not in hospital, give str	HWOOD NIE	d. STREET ADDRESS	Ruhword	av.	e. IS RESIDEN ON A FAR YES NO	RM?
3. NAME OF DECEASED (Type or print)	MARY	Middle	BRAG-40	4. DATE OF DEATH	Manth .	Dgy Year	58
5. SEX	1./	ARRIED NEVER MARRIED DIVORCED DIVORCED	SEPTION	1877 9. AGE ( lost 8	In years IF UNDER thday) Months yrs.	1 YEAR IF UNDER 24 Days Hours A	4 HRS. Min.
10a. USUAL OCCUPAT during most of we	ION (Give kind of work done orking life, even if retired)	10b. KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (Stor	te or foreign country)	12. CIT	1/15 A.	UNTRY
13. FATHER'S NAME	NOT KABU	VN	14. MOTHER'S MAIDEN	T KNOW	11		20
15. WAS DECEASED EV	/ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17	SON-JOSE	PH BRAGUE	Address 3/08	RICHWOO	200
2007	any, which (b)	Degeneration	apoplyy,	reine		INTERVAL BETWE ONSET ANO/DEA	
CAT		ns <u>contributing to death</u> b				1(o) 19. WAS AUTO PERFORMEI YES NO	D?
	AS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	n Port I or Part II of item	18.)		
ZOc. TIME OF INJU	No.	d. INJURY OCCURRED 20e. hile Not while work of work	PLACE OF INJURY (Home, far foctory, street, office bldg., e	rm, 20f. (City or lown)	(C	(Sounly)	(State)
21. I certify to alive on	that I attended the decided to the state of		19, 19,52, to the occurred at 120,50 M.D. 8204	PCT. 6  PM, from the co  ADDRESS (Street, city)  FL/BERT	ouses and on th		
	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (City	r, town, or county)	(Stote)	-
23. FUNERAL DIRECTO		Lorraine (	24a. REC	Woodla CD BY REGISTRAR 24	wn M b. REGISTRAR'S SIG Carthug S		

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10947 CERTIFICATE OF DEATH

Reg. Dist. No. 10914

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d be filed with	1. 1	LACE OF DEATH
and 2 should be filed		b. CITY OR TOWN (IF RURAL and give nec Catons vi
22 3400		OR INSTITUTION
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Pages 1 a	3.	NAME OF DECEASED (Type or print)
Pog	5. 5	SEX
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nd comple on papers. death.	10a	during most of worki
oud I	12	FATHER'S NAME
ion and carbon ofter de	13.	
physici move hours	15.	Gottlab .
tending physici please remove within 72 hours	(Yes	
please re within 72		18. CAUSE OF DEAT
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cian. en signe ansit per and in		lying cause last.
physici as bee ial-trar aval, c	CATION	PART II. OTHI
by the haspital ar attending physician.  OR: After this certificate has been signed by the attending physician and campletely filled in by the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 or ta burial, crematian, ar remaval, and in any event within 72 hours after death.	CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING! (IF EITHER, NOTIFY A
ig a still	CAL	20c. TIME OF INJURY
use cuse mot	MEDICAL	Hour a.m. p. m.
for the cre	•	21. I certify the
Aft hed rial		alive on 0
detach to buri		dire on
3 5		ACTUAL SIGNATURE
may be relained D FUNERAL DII page 3 shauld be the registrar prior		PHYSICIAN'S NAME (Type)
May be rela FUNERAL page 3 shau he registrar	220	BURIAL, CREMATION

n. PLACE OF DEATH o. COUNTY Balti ore	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE Mary)		f institutions COUNTY	Residence be	ore admiss	ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporate limit	, write RUR.	AL and give n	earest lown	)
Catonsville	2yr3mth7dys	Baltimor	re	3 V	01-4		
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	iddress)	d. STREET ADDRESS	4			e. IS RES	DENCE FARM?
	PITAL	1841 West	Baltimore	Stree	t		NO [
3. NAME OF First DECEASED	Middle	Last	4. DATE	Manth		Day 1	Yeor
(Type or print) Minnie	M.	Breyer	OF DEATH	Octo	ber 2	21 1	19 58
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (	In years IF	UNDER I YEA		-
female white widows	D DIVORCED	Nov. 26, 1873	3 84	yrs.	Aonths Days	Hours	Min.
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13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME				
Gottlab Breyer		Rosina Hai	gley				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT		Address			
(Yes, no or unknown) (If yes, give war or dates of service)	Unknown R	ecords: SPRIM	NG GROVE	STATE	E HOST	ITAL	
Conditions, if any, which gave rise to immediate cause (a), staling the underlying cause last.  DUE TO  DUE TO  (c)	rteriosclerot	ic cardiovasco teriosclerosio		se		TERVAL BE	
PART II. OTHER SIGNIFICANT CONDITIONS CO  PART III. OTHER SIGNIFICANT CONDITIONS CONDITIONS CO  PART III. OTHER SIGNIFICANT CONDITIONS CONDI		T NOT RELATED TO THE TERMI			I IN PART 1(a)	PERFO	NO T
A Hour a. m. While	Not while at work	LACE OF INJURY fHome, farm actory, street, affice bldg., etc.	-}		(County		(State)
ACTUAL SIGNATURE Stella Wachsl  PHYSICIAN'S NAME (Type) Stella Wachsl	(8_,_, and that death	M.D. SPRING		or town, sta	d on the d	ate state	
220. BURIAL, CREMATION, 226. DATE THEREOF BUT 121 10/22/58	Western C	emeterv	22d. LOCATION (City Balton)		county)	(State	<b>P</b> }
23. White die rolling was Dir. 41	Okodesmonds	n AVO 240. REC'I		4b. REGISTR	Lug S. H		

VS A15 (4) 15M 9/55

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		1	094	48 CERT	IFIC	ATE OF D	EATH	1		Reg. Di	st. No.	10	1915
1.	PLACE OF DEATH . COUNTY Baltin	nore		MAR	YLAND	2. USUAL RESID		ere deceosed	b. COUNTY			re admiss	ion)
1	b. CITY OR TOWN RURAL ond give r Catonsv		its, write	c. LENGTH OF STAY	IN 1b							1)	
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, o	give street	address)		d. STREET A	6.711-53	n Ave				e. IS RES	IDENCE FARM? NO X
=	Ridgeway												
3.	NAME OF DECEASED (Type or print)	CATHE		BROOKHETS		Los		4. DATE OF DEATH	Oct. 28	.1958	Do	·	Yeor
S.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARR	IED 🔲	8. DATE OF BIRTH	1		9. AGE (In years lost birthday)	IF UNDER			
	Female	White	WIDOW	ED DIVORCE	ED 🔲	5-22-186	5		O3 Ats		Days	Hours	Min.
10	. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS (	OR INDU		-	or foreign co	72		IZEN C	F WHAT	COUNTRY
	during most of wo	rking life, even if retired	)	None			timor		···//		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		COOM
13	FATHER'S NAME					14 MOTHER'S	MAIDEN N	IAME					
	2 Ke	llv					2	Of Dose					
15		ER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	) 17. 1	INFORMANT	4	O'Day	Ade	fress			
	rs, no or unknown)	(If yes, give war or dates of s		_									
	No			lone		aul Garve	y,36	Melvi	Ave. C	atons	الله	e, Md	
		ATH [Enter only one co	ouse per li	ne for (0), (b), and (c)	-10	1						ERVAL BE	
	PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	.)	Monum	N	Mem	unch	Me			011	71	A
	33/X	DUE TO						1				John	
	Condition 16			A 1-	- 1.								
	Canditions, if		)	andlewor	w	unes					-		
	couse (a), stating	The under-	)										
-	lying couse last.	) (0	)(										
O	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PAR	T 1(o) 1	9. WAS	AUTOPSY RMED?
CERTIFICATION	1000											YES T	NO I
IFIC	20g. ACCIDENT W	AS UNDERLYING [7]	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of	f injury in F	Part I or Part	II of item 18.)				
EX	OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER	777				,						
					lee -			1					
MEDICAL	Hour o. m.	RY Month, Doy, Ye 19	While of wor	NJURY OCCURRED  Not while t ot work	20e. PL	ACE OF INJURY (Fectory, street, office	Hame, farm bldg., etc.	20f. (City	or town)	(4	County)		(Stote)
	21 1	hat I attanded the		-16	4	10 (5)	. (	4/	2010	/		-1	
	6	hat lattended the	deceas	ea rram		الدالهـ١٧ ،ــــــ	, to	2 9	D 19-19	L.,that I	last so	aw the	deceased
	alive on		, 12	, and that	death	accurred at.					he da	te state	ed abave
		16 0	/	0/	1)	1/2	. 0	ADDRESS (SI	reet, city or town	state)		D	ATE SIGNED
	ACTUAL	Tany D	•	Guntle	X.	M.D. 4/	034	rungs	raden	UM	-	(0)	29-18
	PHYSICIAN'S NAME (Type)	HARRY	8.	Gim	SEL			al	18 (29)	1 any	/,		
22	o. BURIAL, CREMATIC	ON, 226. DATE THEREO	)F	22c. NAME OF CEM	SETERY C	R CREMATORY		22d 10CAT	ION (City, town,	Or constu		(Stot	-1
	REMOVAL (Specify	)		Tank to the Care		- CALIMATORI							-1
00	Burial FUNERAL DIRECTOR	110-31-19	58	ADDRESS C	athe	dral		Ba	RAR 24b. REG	163			
23				ADDRESS				D BY REGIST	KAR 245. REG	STRAR'S SIG	JUIANE	KE	
	H' . ( : . HT OTY	bothom Ell:	COLL	G1+37. MG			DATE	CT 3 1 "	18	-11 . 0	45		

may be retained by the haspital ar attending physician.

TO FUNERAL DICTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A1S (4) 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE HEALTH-DEPT PLACE OF DEATH o. COUNTY MARYLAND b. CITY OR TOWN Ill outside corporate limits. and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) inwood Koaa NAME OF DECEASED Middle (Type or print) 6. COLOR OR RACE 5. SEX WIDOWED [ Page ! during most of working life, even if retired) event with 13. FATHER'S NAME pencil in Item, 18. Give Poges 's Office along with form PM3. rial-tronsit permit. File pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (d), PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Candilians, if ony, which gave rise to immediate couse DUE TO (o), stoting the underlying 0 couse last. nsed 0 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year g. m. Nat while al work of work p. m. opinion death resulted from: Natural causes M. ACTUAL SIGNATURE should be f **EXAMINER'S** 

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY timore c. CITY OR TOWN (If Gulside carporate limits, write RURAL and give nearest lawn) e. IS RESIDENCE Ad. STREET ADDRESS ON A FARM Uinwood Road YES NO DATE Year Browne DEATH Uctober Brown 19 9. AGE (In years 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Manths Hours 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pennsylvania Annie Dunn Address 6822 Eastbrook Ave. Norman Brown. INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED' 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injusterin Part I or Part II of item 18.) 20d. INJURY OCEURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or 10 mm) (County) (Stale) factory, street, affice bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my Accident Suicide . Homicide . Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER IS NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE aring S. Thous Harford Road DATECT

407 VS. AISME 5M 2/57

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		form Ct.			
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	Market Statemen			FEREN	

# TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. PAYSICIAN OR HOSPITAL: The law requires that the death certificate be executed with The bottom copy may be retained by the hospital or attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10923 CERTIFICATE OF DEATH

10917

Reg. Dist. No.

1							
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED					
1	COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY BALTIMUKS					
	CITY (Il outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)					
ı	OR end give nearest town) TOWN HALETHORPE I Month.	51 TOWN HALEThorpe.					
1	HOSPITAL OR	STREET (If rufel give location)					
2	INSTITUTION OR STREET ADDRESS 1811 MAIRUIEW AUE.	ADDRESS 1811 FAIRVIEW AUE.					
ı	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)					
ı	(Type or Print) HLURENCE GERTRYSE	Brown DEATH Oct. 2 1958					
1	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C						
	FEMALE White (Specify) dowed Oct	, 21, 1885 72 yrs. Months Deys Hours Min.					
1	10e, USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT					
	done during most of working life, even if relired) Housewite Domestic	MARXLAND COUNTRY?					
ı	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Harland I May	M-1 in Minn					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS					
	(Yes no or unk) (If Yes give wer or dates of service)						
	NO NONE. 212-36-2160	W. NORMAN BROWN 1811 FAIRVIEW AV					
1	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICATION  17.12 IMMEDIATE CAUSE  (A) Adena Causera Uterus C						
	ANTECEDENT CAUSE(S) DUE TO	a Da gratis					
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Telvic Melastires					
	STATING UNDERLYING CAUSE LAST. DUE TO						
	(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
1	TO THE DEATH BUT NOT RELATED TO THE						
7	DISEASE OR CONDITION CAUSING DEATH	20. AUTOPSY?					
		YES NO T					
	21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (If EITHER, NOTIFY BEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)					
	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?					
	M. While Not while at work at work						
	22. I hereby certify that I attended the deceased from 1/22	, 19.58., to 10/2, 19.58., that I last saw the deceased					
1	alive on 10 1 19 5 5, and that death occurred at						
E	SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED					
2	the Coly M.D.	Nalothorte, md 10/3/5					
-	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY   LOCATION (City, town, or county) (State)					
100	BURIAL 10-4-58 PARKWI	and Baltimana C. t. MJ					
2	24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS /					
	DATE OCT 6 '58 Conting & traces	GEO. L. School Fungant Home. On					
	DATE ULI O JO Crimer & Trues	Bashasa M. Schwab 2101 medicillan					

ST. BROWNIA SHATTANET TO THE MET AND TAXES THE PARTITIONS OF LIBERTIFICATE OF DEATH HODATOWSKY ALSISAN AL

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 18050

CERTIFICATE OF DEATH

10918

		.UJU	U CERTI	FICA	IE OF DE	АІП			Reg. Dist	No.	
1.	PLACE OF DEATH COUNTY Baltimore		MARY	LAND	2. USUAL RESIDEN ASTATE Marylan	,	re deceased	lived. If institute b. COUNTY	on: Residence	e before	admission)
	b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	limits, write	- 1				ilside corpor	ote limits, write R	URAL end gl	ve neore	est fown)
	Fort Howard			1717)	Baltimo				VOI	-4-	
	d. NAME OF HOSPITAL (If not in hospito OR INSTITUTION Veterans Admini		SALES OF THE RESERVE OF THE PARTY OF THE PAR	1	d. STREET ADDI		s Str	eet,Apt.	D.		ON A FARM? YES NO CO
3.	NAME OF DECEASED (Type or print)  ISIA	First H	Middle	200	Lost BROWN		4. DATE OF DEATH	Octobe		Doy 7	Yeor 19 58
5.	SEX 6. COLOR OR RA	CE 7. MA	RRIED NEVER MARRI	ED T 8	DATE OF BIRTH			9. AGE (In years		YEAR I	F UNDER 24 HRS.
- malife	Tale Colored	WIDO	WED DIVORCE	ED 🔲	Augusti	The same	5.09	10st birthdoy) 59 yrs.			Hours Min.
100	USUAL OCCUPATION (Give kind of wo during most of working life, even if reti- Stevedore-Laborer	red)	b. KIND OF BUSINESS O Shipping	OR INDUS			Mar			S.	WHAT COUNTRY
13.	FATHER'S NAME				14. MOTHER'S MA		-	7			
	Isaac Brown				Fannie	Watt	ts				
15.	WAS DECEASED EVER IN U. S. ARMED I		6. SOCIAL SECURITY NO 218-05-5237	). 17. IN Cli	n.Rec.,Ve	et.Ac	dm. Hos	pital, Ft	. Howa	rd,	Maryland
	18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED B IMMEDIATE CAUS DUE Conditions, if ony, which gave rise to immediate	Y: E (o) R	line for (a), (b), and (c)  ENAL INSUFF							ONSE	YEARS
TION	couse (o), stoting the under- lying couse lost.  PART II. OTHER SIGNIFICANT C	(c)	S CONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO TH	E TERMIN	NAL DISEASE	CONDITION GIV	/EN IN PART		PERFORMED?
NA NA		1001 0			15		1	H -f 's- 10 )			YES NO
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH	ESCRIBE HOW INJURY C	CCURRED	. (Enter noture of in	lury in r	off I of Port	ii or iiem is.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Hour o. m. p. m.	Whi	. INJURY OCCURRED ile Not while rork of wark		CE OF INJURY (Mon ory, street, office blo			or tawn)	(Ce	ounty)	(Stote)
	21. I certify thatal attended	the dece	ased from May	19	, 1958, (	o Oc	tober	7 . 19 58	3XXXXXXX	XXXX	XXXXXXXXXX
			XXXXX and that			:35P	M, fram		and on th		
	SIGNATURE WILL VI	Jai	$\sim$	A	.o. VAH	FORT	HOWAR	D, MARY	LAND		10/8/58
	PHYSICIAN'S CHIEN WEI	LAN,	M.D.			•	4				
1	BURIAL, CREMATION, 22b. DATE THE	REOF	22c. NAME OF CEM					ION (City, town,			(Stote)
	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	Nat	ional Cem		y Balt		STRAR'S SIG	NATURE	
	oseph G. Locks, Jr	130	N. Centra	1 Arro		NT Oct		~ A			
		1111			THE RESIDENCE PROPERTY.		4 4 1	F0 /	1 71 - 0	dir.	

OCT 1 4 '58

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIV VS A15 (4) 15M 9/S5

may be retained by the hospital ar attending physician.

O FUNERAL DIV OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 is the registrar priar to burial, crematian, or removal, and in any event within 72 hours after death.

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With the Committee of			District His	
mitthe E.A. Sand	L. Maria			
			20 m - 7	
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEPTIFICATE OF DEATH

10920

	11	1936	CERTI	ICAI	LOI	DLAII	1		Reg.	Dist. No.	
	Baltimore		MARYL	1	USUAL R	Md.	nere deceased	b. COL	NITH -	ence before	
b. CITY OR TOWN RURAL ond give r Hy		ts, write	c. LENGTH OF STAY I	N 16	c. CITY C	R TOWN (If o	outside corpo	rote limits, wi	ite RURAL on	d give near	est lown)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	ive street	oddress)	E		address rd Rd	. Нус	le P.	0.		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir AI	BINA	Middle B.	BU	JKO VS	kY	4. DATE OF DEATH	Octo	Month ber 2	Day	Yeor 19 5
femal e	6. COLOR OR RACE	7. MARR	DIVORCED	_	Tune	RTH 22,18	96	9. AGE (In y last birthd <b>62</b>	oy) Months	ER I YEAR I	F UNDER 24 HRS Hours Min.
0o. USUAL OCCUPATI during most of wo	ON (Give kind of work or rking life, even if retired)		KIND OF BUSINESS OF		11. BIRTH		or foreign co			ITIZEN OF	WHAT COUNTS
3. FATHER'S NAME				1		R'S MAIDEN N					
	Vincent F		Lk			Anna	Yursi	lk			
S. WAS DECEASED EV (Yes no. or unknown)	ER IN U. S. ARMED FOR Iff yes, give war or dates of se	CES? 16.	SOCIAL SECURITY NO.	John		Bukov	sky.h	usbar	Address	Ve	
Conditions, if a gove rise to couse (o), stating lying couse lost.	the under-		onon		7 2	LN,	74	VEF	IUN	1/4	MO
3	HERSIGNHICANT CON	mi	07101	0	19	141.	2				PERFORMED?
OR CONTRIBUTING	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OC						)		
Hour o.m.	RY Month, Doy, Yeo	While at work	Not while of work	loe. PLACE foctory	of INJUR	(Home, form, fice bldg, atc.	20f. (City	or town)	<u> </u>	(County)	(Stote
alive of Actual	ford	decease 19	X	death ac	curred o			the causineet, cityor to	es and an		the deceas stated above DATE SIGN
PHYSICIAN'S NAME (Type)	CLIF	FC	RDF	14	UD'	SON		FOF	PK,	MJ	<b>D</b> .
BURIAL CREMATIC	10/24/5	8	Bohemian		Lona]	Cem	Bal	timor	e, Mo	1.	(Stote)
harles E	Schimune	k F	ineral Ho	ne			BY REGIST		EGISTRAR'S		TIPAL SE
3331 Brel	nms Lane					DATEUC	1 2 3 '58	3 (	Irihun &	Traves	

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TO HOSPITAL OR

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VS A15 (4) 15M 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10953 CERTIFICATE OF DEATH

8 10921 Reg. Dist. No.

			Reg.	Dist. No.
1. PLACE OF DEATH o. COUNTY Balto	MARYLAND	2. USUAL RESIDENCE (Who. STATE	ere deceased lived. If institution: Resid b. COUNTY	lence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RURAL on	d give nearest town)
NONNE ONG GIVE NEODES TOWN		Baltimore		3VO1.4-
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Armacost Nursing Home - 8]		d. STREET ADDRESS 3127 Northw	av Drive	e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF First DECEASED (Type or print) ROBERT	Middle EDWIN	BURROUGHS	4. DATE Month OF OCT.	23, Year 19 58
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	1 1 1 1 1 1	ER 1 YEAR IF UNDER 24 HRS.
male white WIDOWE	D DIVORCED	Nov. 19. 189	lost birthdoy) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR INDUS			CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) plano tuner	lf employed	Md.	BEST TALL IN THE	
13. FATHER'S NAME	ar omprojed	14. MOTHER'S MAIDEN N	AME	
W. Dwight Burroughs		Jennie Si		
	OCIAL SECURITY NO. 17. II	NFORMANT	Address	
(Yes, no. or unknown)   (If yes, give wor or dates of service)			Pavis, 8r926 South	herly Rd.
18. CAUSE OF DEATH [Enter only one couse per line	e for (p); (b), and (c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	MANITI	oN .		ONSET AND DEATH
153.1 DUE TO	1			101011
Conditions, if ony, which )	1 ACTECTAL	OBSTRUCTIO	- 1	1 MONTH
gove rise to immediate	LIO I ESTIMAL		DESPREAD METASTASE	-
couse (o), stoting the under-	The And INOMA		E CELON WITH M	
lying couse lost. (c) MVE				
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PA	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING (CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	'ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. While of work	Not while foo	ACE OF INJURY (Home, form, tory, street, office bldg., etc.		(County) (State)
21. I certify that I attended the decease	d from 10/1	10 50 40 10	12 3 10 8 4 -4	I land and the land
	T.			I last saw the deceased
alive on 193	, and that death		M, from the causes and an	
ACTUAL IX ODO DE	70	2-11	ADDRESS (Street, city or town, stote)	DATE SIGNED
SIGNATURE	mirele	M.D. 63 W	· la ave	10/23/58
PHYSICIAN'S DONALD L.	JOMERVICCE, N	1D. Tou	von 4, Mel	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, or county	(Stote)
Burial 10/27/58	Loudon Park		Balto	
23 FUNERAL DIRECTOR'S SIGNATURE	// ADDRESS // A		RY REGISTRAR 24b. REGISTRAR'S	-7
MAN GILADONOS VA	xus-1000to	17/1/1		S. Kraus
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10922

CERTIFICATE OF DEATH

		CEU	4 CERTITI	CAI	L OI DEA			Reg. Dis	t. No.	
a. COUNTY	ALTIMORE		MARYLAN		USUAL RESIDENCE		lived. If institution b. COUNTY	oni Residenc	e before o	dmission)
b. CITY OR TOW	N (If outside corporate lime nearest lown)	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN	If outside corpo	rote limits, write R	URAL and g	lve nearest	town)
FORT HOW	ARD		66 DAYS		BALTIMO		3	101	- 4-	
d. NAME OF HO	SPITAL (If not in hospital.	give street o	oddress)		d. STREET ADDRESS					S RESIDENCE
VETERANS	ADMINISTRAT	ION H	OSPITAL		2319 E		nt Avenue	3	Y	ES NOX
3. NAME OF DECEASED		nst	Middle		Lost	4. DATE OF	Mon		Day	Year
(Type or print)	WAI	7			BYSTRY	DEATH	OCTO		6,	19 58 UNDER 24 HRS.
S. SEX			IED NEVER MARRIED		ATE OF BIRTH	2027	9. AGE (In years last birthdoy)			ours Min.
MALE	WHITE ATION (Give kind of work	WIDOWE			BRUARY 28	, -/	47 yrs.	112 CIT	IZENI OF V	VHAT COUNTR
during most of	working life, even if retired	1)		INDUSTRI						
FOREMAN  3. FATHER'S NAME		1 0	ONSTRUCTION	11	PASS CHR			251	U.S.	A
	AM DVCVIDV									
	AM BYSTRY EVER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. INFO	LOTTIE	OTHUCKE	Add	ress		
YES	(If yes, give wor or dates of			CLI	N REC VE	T ADM H	त्रक क्या	HOWARD	200	
	DEATH [Enter only one c	ouse per lin	e for (a) (b) and (c) 1	0111	N ICEO VE	T ALIN D	USE FI	ILWALL		AL BETWEEN
				TNOM	OF LUNGS	. LIVER	BRAIN.	משים השי	ONSET	AND DEATH
161x	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (		DIAITO OALO.	THOLD	OF HOMOD	PATE ATTEL	DICH LINE	or Treatmy	0147	710111
Conditions	if any which \	CAR	CINOMA OF L	RYN					UNI	KNOWN
gove rise !	o immediate	b)			1 1 1 1 1 1					
lying couse l	ing the under-	c)								
PART II.  PART II.  PART III.  OR CONTRIBUT  OR CONTRIBUT  OR CONTRIBUT	OTHER SIGNIFICANT COI	NDITIONS C	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART	F	WAS AUTOPSY PERFORMED?
20a. ACCIDENT	WAS UNDERLYING I	20b. DESC	RIBE HOW INJURY OCC	URRED. (E	nter noture of injury	in Port I or Por	t II of item 18.)			
	TIFY MEDICAL EXAMINER)			5.0						
20c. TIME OF IN Hour o.		While	NJURY OCCURRED 20 Not while of work		OF INJURY (Home, f , street, office bldg.,	form, 20f. (City etc.)	ar town)	(C	County)	(State)
21. I certify	thaV attended the	decease	ed from AUGUST	1	. 19 58, to 1	OCTORER	6.158	tkrods/s/	osk saw	the decease
	X2220000000000									
		The	AAAA.			ADDRESS (S	treet, city or town,	stote)		DATE SIGNE
SIGNATURE	TORE NO. VAH FORT HOWARD MARYLAND 10-6-5								10-6-58	
PHYSICIAN'S	2004	U								30 6 20
NAME (Type)		A		M	DVAHI	FORT HO	VARD MARY	LAND-		10-6-58
220. BURIAL, CREMA REMOVAL (Spe	city) 274 OLATE THERE	OF	22c. NAME OF CEMETE		REMATORY	22d. LOCA	TION (City, town,	ar county)		(Stole)
BURIAL		/	ST. STANIS	LAUS			DALK, MA			
23. FUNERAL DIREC		7.003	ADDRESS	- 1011		EC'D BY REGIS		STRAR'S SIG		
W ATTER	Zeiler Inc.	1901	Eastern Av	enue	DATE	OCT 9 '5	00 0	Ilun 9	4	

may be retains by the hospital or attending physicion.

TO FUNERAL DI OR: After this certificate has been signed by the ottending physicion and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 would be filed with the registrar prior to burial, cremotion, or removal, and in any event within 72 hours-ofter death. TO HOSPITAL OR VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth; Page 4

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LILLY & ZEILER, INC., EASTERN AVE. & WOLFE STS., BALTO., Md.

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VS A15 (4) 15M 9/55

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	MARYLA	ND STATE DEP	ARTMENT OF F	HEALTH-BAL 27-58 et	TIMORE, 18		10000
	1090		IFICATE OF			leg. Dist. No.	10923
1. PLACE OF DEAT	TH 12 A 1 = 1 may		2. USUAL RES	IDENCE (Where deceased			
h CITY OR TO	WN (If outside corporate limits,	1166	181	BILYUAN	UD)	1.11-1	IMORE
RURAL and g	ive nearest town)	write c. LENGTH OF STA	C. CITY OR	TOWN (If outside corpor		AL and give ried	arest town)
d. NAME OF H	OSPITAL (If nat in haspital, give	street address)	d. STREET	ADDRESS	53		IS DESIDENTED
OR INSTITUT	ION COM	ONG POIL	VT 820	5 Long	POINT	SD	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	CATHER 1	NE A.	CALLAI	4. DATE OF DEATH	Month	16	Year
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARR	HED B. DATE OF BIRT	Н	9. AGE (In years IF		IF UNDER 24 HRS.
FEMAL	9 10 11 1 6	DIVORC	- /////////////////////////////////////	3-1897	lost birthday) N	Aonths Days	Hours Min.
10a. USUAL OCCU	PATION (Give kind of wark done f working life, even if retired)	e 10b. KIND OF BUSINESS	OR INDUSTRY 11. BIRTHP	LACE (State or fareign co	ountry)	12. CITIZEN C	F WHAT COUNTRY
AT	HOME		mi	4RYLAN	D	V.J	SA
13. FATHER'S NAM	E			MAIDEN NAME	Dist		
		ELLER	manufacture of the second	lizabeth C	. Fink		
15. WAS DECEASED IYES, no. or unknown)	DEVER IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO	2.47 1 A	nDFAJON-	Address	THST	WAVIS
	F DEATH [Enter only one cause	per line for (a) (b), and (c)		DE HOUSE	7 70/ 10		ERVAL BETWEEN
	. DEATH WAS CAUSED BY:	an -	to mine	10	12/	ONS	ET AND DEATH
420	IMMEDIATE CAUSE (o) DUE TO	9	0110	com	again	chan	
Conditions	if now which \	0	to 1	+ man	01	1	
gove rise	to immediate (	- Cg an		1	mm	T/200	
lying cause	ning the under-			1		0. 10	
PART II.	OTHER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN	IN PART 1(o) 1	9. WAS AUTOPSY PERFORMED? YES NO KI
20a. ACCIDEN OR CONTRIBU	T WAS UNDERLYING [] 20th TING [] CAUSE OF DEATH DTIFY MEDICAL EXAMINER]	b. DESCRIBE HOW INJURY O	OCCURRED. (Enter nature o	of injury in Port I or Part	II of item 18.)		153 NO E
20c. TIME OF II	. n.	20d. INJURY OCCURRED While Not while of work at work	20e. PLACE OF INJURY foctory, street, office	(Home, farm, 20f. (City e bldg., etc.)	or town)	(County)	(Stote)
21. I certif	y that I attended the de	econsed from (1)	LV . 1957	10 Oct 1	1 10.5 Km	hat I last so	AL AL
alive on	OF 16	1 10	t death occurred at	4 30 F. M. fram	the causes and	an the dat	
ACTUAL SIGNATURE	Samuel	Hark	- M.D. 3 Y	79 Address (SH	reet, city or town, stat	Kin	DATE SIGNE
PHYSICIAN'S NAME (Type)	Samuel I Hank	rin, M.D.		,		/	, , , ,
22a. BURIAL, CREM 13 REMOVAL (Sport)	NATION, 226. DATE THEREOF CIFY) 007 76.19		RETERY OR CREMATORY	- H	ION (City, town, or c		(Stole)
23. FUNERAL DIREC	TOR'S SIGNATURE	ADDRESS		24g. REC'D BY REGISTE		-1	

ULRICH FUNERBL HOME ZIR DUNDALIX

240. REC'D BY REGISTRAR

DATE OCT 2 2 '58

24b. REGISTRAR'S SIGNATURE

arthur S. Krous

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	on U. Vermine - Alexander Landon	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Burral 10/4/58 Cardens of Faith con Balto. co. md

# FOR STATE HEALTH DEPT.

necessary, please of director. Page 1 fc. Health. Baaranti Health. TO DEPUTY MED 1.1 EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nec execute the certificate withing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral distantiable for exceed to the Chief Medical Examiner's Office along with form MAI3. Page 5 may be retained feig TO FUNERAL DIRECTOR: Page 3 should be used a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any week within 72 hours ofter death.

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	10924							Reg.	Dist. No	0.	
1. PLACE OF DEATH	ltimore		MARYLA		2. USUAL RESIDENCE		b. COUN	ITY _			
b. CITY OR TOWN III	outside carporate limits, write	RURAL	c. LENGTH OF STAY IN			ryland	orporate limits, wri			more	
and give negrest town	thorpe		the terroring of the tree		115 Ba	_		timo		euresi ic	21-4
d. NAME OF HOSPITA	AL OR INSTITUTION (I	f not in ho	spitat, give street address)		d. STREET ADDRES					ON	RESIDENCE A FARM?
3. NAME OF			A4* E41				~				
DECEASED (Type or print)	Fire		Middle		ARPENTER+	4. DATE OF DEATH	Moi	tober	28 28		Yeor 19 58
5. SEX			ED MEVER MARRIED	1 8. D	ATE OF BIRTH		9. AGE (In years				DER 24 HRS
Male	White	WIDOWE			June 23,	1897	61 yrs	Months	Days	Hours	Min.
100. USUAL OCCUPATIO	ON (Give kind of work on life, even if retired)	Jone 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (SI	ote or foreign	country)	12. CI	TIZEN O	F WHAT	COUNTRY
Labor	g me, even a remody	Co	nst. Wk		Virgin	nia					
13. FATHER'S NAME				1.	4. MOTHER'S MAIDE			1			
Willi	am Carpen	iter			Laura	Unk	nown				
15. WAS DECEASED EVI	ER IN U. S. ARMED FOI (If yes, give war or dates of :	RCES? 16.	SOCIAL SECURITY NO.	17. INFC	DRMANT		Addre	is			
				All	ie B. Ca	rpent	er.115	Barr	e St	t	
18. CAUSE OF DEAT	TH Enter only one cou	se per line	for (a), (b), and (c).]						INTE	RVAL BETW	EEN
	H WAS CAUSED BY:	m		One	Luch Femi				ans	ET AND DE	ATH
The state of	IMMEDIATE CAUSE (6)	TI	ansection of	. Sp.	mar cord						
1 6/2X	DUE TO										
Conditions, if or											
(o), slating the											
couse lost.	) (c)										
PART II. OTH  200. EXTERNAL CAL PRIMARY E-0- CON CAUSE OF DEATH.	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH I	BUT NOT	T RELATED TO THE TE	RMINAL DISEA	ISE CONDITION G	IVEN IN PA		9. WAS PERFO YES TE	AUTOPSY DRMED?
200. EXTERNAL CAL PRIMARY GOT CON CAUSE OF DEATH.	ISE WAS TRIBUTING []	b. DESCRIB	E HOW INJURY OCCURRE	D. (Ente	r nature of injury in	Port I or Port	Il of item 18.)				
	RY Month, Day, Yeo	Pec	lestrian hit	by	auto	1 1			-		
20c. TIME OF INJUING HOUR XOOK		While	Not while	factory,	, street, office bldg.,	elc.)	ly or fown)	(C	ounty)		(State)
				stre			lethorpe	Ba	Ltimo	ore	Md.
21. I certify th	at I took charge	af the	remains described	above	, held an Auto	psy M,	Inspection [	, Inqu	iry 🗍	, an	d in my
opinian death	resulted fram: N	Natural (	causes , Accide	nt X	, Suicide ,	Homicid	e, Under			er 🔲	
ACTUAL	12.001	1	Enker		CHIEF MEDICAL	EXAMINER 1	n			DATE	SIGNED
SIGNATURE	Cutto	-V-V	- NATION A	N	A.D. ASSISTANT MEE						
EXAMINER'S NAME (Type) RI	ussell S. F	isher	M.D.		DEPUTY MEDIC			100 100			
220. BURIAL, CREMATIO			22c. NAME OF CEMETER	COR CR			ATION (City, town	29/58		16.	- 1
Bur Tail	11/2/5		Hamilton		- MATURE	_	ong Spe			(Stof	• )
THE FUNERAL DIRECTOR	SSIGNATURE HUDDARd .	4107	WADDRESS A	77.0	24o. RI	EC'D BY REGIS		ISTRAR'S S		RE	
Lionala II.	idobal d	1701	Wilkens A	ve	DATE	CT 31 '5	58	Elma 8	4	A	

HTABLE OF TRACEINED 25 FINIMAXE JASIGEM Const, Mr. Alle E. Geroanker, 115 Suffic AND THE SECOND STREET, AND ADDRESS AND THE ADDRESS AND THE PARTY AND ADDRESS A Seriel 11 2 98 marth on Long Spear, Th. The series of th

1. E & H	Reg. Dist. No.
filed with	1. PLACE OF DEATH o. COUNTY  Baltinorl  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE way (well b. COUNTY Baltimal
leral de f	b. CITY OR TOWN (If outside corporate Hmits, write RURAL and give nearest town)  RURAL and give nearest town)  Lutterwill
d 2 sh	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 219 Melanch Fat are 219 Melanchtan are ves Nessidence ON A FARM? YES NO
es I and	3. NAME OF DECEASED (Type or print) Euglie Ellen Cattigan 4. DATE OF High Day Year 1958
completely fille capers. Pages ath.	5. SEX  Derual 6. CÓLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED Z. Laugus 188 9. AGE (In years last bightday) 7 yrs. Months Days Hours Min.
6)	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE ISlate or foreign country (during may of working life, every retired) Long Free Baltico Hd 218 A
7/0	13. FATHER'S NAME Carvel Mumikhupen Englocia ann Rosella Pear
nding physician	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAÇÃO Charlotte I mum ikhujsen - Sas.
attendi n pleas t within	18. CAUSE OF DEATH [Enter anly one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a).  ONSO AND DEATH  ONSO AND DEATH
by the iit. The ny even	Conditions, if any, which) (b) Cerefial arterio scleroses web 4
signed si pern nd in a	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> OUE TO  (c)
physicianas beer ial-tran naval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \( \text{NO} \) NO \( \text{NO} \)
ficate the fire or ren	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
al or at this cert r use as emation	20c. TIME OF INJURY Manth, Day, Year Haur a. m.  19 While Nat while of wark at
hospit After i Ched for Urial, cr	21. I certify that I attended the deceased from 192, to Coch 192, that I last saw the decease alive on 28 Certifu, 192, and that death accurred at 74 M, from the causes and an the date stated above
or to be	ACTUAL Maltin. Les MD. Cochey Colle M 29008
RAL DIR Should strar pri	PHYSICIAN'S Walter T. KEES
may be FUNER page 3 the regis	22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)  Buildian Specify Nov.1.1958 Lorraine Park Cemetery Baltimore Co. Md.
7	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
/S A15 (4)	HENRY SANDER & SONS.INC. Baltimore Md. DATE NOV 3 '58 Colling & Front

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page	may be retained by the hospital ar attending physician.  TO FUNERAL DI COR: After this certificate has been signed by the attending physician and campletely filled in by meral director.	page 3 shauld Ve detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death.
OH C	FC.	page the re
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10958 CERTIFICATE OF DEATH

	2.8	3330	CERTIFIC	LAIE OF D	EAIH		Reg. Dist. No.	10000
	1. PLACE OF DEATH o. COUNTY Balte.	e-	MARYLANI	II O STATE	ENCE (Where deceased	b. COUNTY	Residence before	e admission)
	b. CITY OR TOWN (If outside corporate lin RURAL and give nearest town).	mits, write c. LE	NGTH OF STAY IN 11	CETTY OR TO	OWN (If autside corpo	rate limits, write RUR	RAL and give near	rest tawn)
	d, NAME OF HOSPITAL (If not in haspital, OP INSTITUTION AND	give street address	35)	d. STREET AC	DRESS, BOLL	chivo	d	IS RESIDENCE ON A FARM? YES NO
	(Type or print) & dww.	d C	Middle	Last	4. DATE OF DEATH	OCT.	, 25 Doy	Yeor 195
	5. SEX 6. COLOR OR RACE	WIDOWED [	NEVER MARRIED [	8/261	1877	last birthdoy)	Months Days	Hours Min.
1	10a. USUAL OCCUPATION (Give kind af wark during most af warking life, even if retire	done 10b. KIND	OF BUSINESS OR IN	DUSTRY 11. BIRTHPLA	CE (State or fareign co	ountry)		S. C.
	13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
	15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no, or unknown) (If yes, give war or dates of	RCES? 16. SOCIA	127379	INFORMANT	na R	Pani.	05	
	18. CAUSE OF DEATH [Enter only one of PART 1. DEATH WAS CAUSED BY:		(a). (b). and (c).)	mosto	te e. g	eneralis	INTER	EVAL BETWEEN OF AND DEATH
	Conditions, if any, which			r	netarla	ris		years
		O (c)						
	PART II. OTHER SIGNIFICANT CO	NDITIONS CONTR	IBUTING TO DEATH B	UT NOT RELATED TO	HE TERMINAL DISEASE	CONDITION GIVEN	1 IN PART 1(a) 19	PERFORMED?
- 6	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	11	HOW INJURY OCCUR	RED. (Enter noture of	injury in Port I or Part	II of item 18.)		
	YOU DOE: TIME OF INJURY Month, Day, Y. Hour o. m. 19	While h	OCCURRED 20e. Not while the work	PLACE OF INJURY (He foctory, street, office i	ome, farm, 20f. (City oldg., etc.)	or town)	(Caunty)	(Stote)
	21. I certify that I attended the alive on 24 october	e deceased fro		th accurred at	10 25 C co	the causes and	that I last say	w the deceased
	ACTUAL SIGNATURE James	E. É	ine		ADDRESS (St	eet, city or tawn, sto		DATE SIGNED
1	PHYSICIAN'S James E. Roy	ve M.D.		13	alto 2	8 mo	(	
1	220. BURIAL, CREMATION, 22b. DATE THERE REMOVAL (Specify)  10.28	OF 20c.	NAME OF CEMETERY	OR CREMATORY	m. 22d. LOCAT	ON (City, tawn, or	caunty)	(State)
1	23. FUNERAL DIRECTOR'S SIGNATURE	+ 2/0	ADDRESS 28		AG. REC'D BY REGISTE		RAR'S SIGNATURE	

LEPRO TO THE CERTIFICATE OF DEATH The second secon PURCH AND THE LINE Market and the first country of the first of . C. Cesta . S. grical designation

VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPAR	TMENT	OF HEAL	TH-BAL	TIMORE,	18

		AND 095	STATE DEPA		ENT OF HE			TIMORE, 1	Reg. Dist.	-	1092
PLACE OF DEATH	Baltimore	Cou	nty MAI	RYLAND	2. USUAL RESIDE o. STATE W V	NCE (Whe	re deceoses	d lived. If institut b. COUNTY		before admi	ssion)
RURAL and give ne Ca.tor	sville		c. LENGTH OF STA			WN (If ou		Martin;		8.5 x	rn)
OR INSTITUTION	AL (If not in hospital, g Porest Ha			Home	d. STREET ADD	ens	St.			ON	A FARM?
NAME OF DECEASED (Type or print)	Fir Jos	ephi	Midd	-	lost askey		4. DATE OF DEATH	Oct.	24.	Day	Year 19 58
Female.	6. COLOR OR RACE	7. MARRI WIDOWE			B. DATE OF BIRTH	. 18	378.	9. AGE (In years lost birthdoy)  8 0 yrs.	IF UNDER 1	YEAR IF UNI	_
during most of work House W:	ON (Give kind of work of ing life, even if retired ife	ione 10b.	home	OR INDU	STRY 11. BIRTHPLAC			We Va.	12. CITIZI	EN OF WHA	T COUNT
. FATHER'S NAME	G 197		53763		14. MOTHER'S M						
WAS DECEASED EVE	rge G. We RIN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	ger SOCIAL SECURITY N		NFORMANT ohn Cask		Fish	ueen St		inchi	ir o
Candilians, if a gove rise to it couse (o), stoting lying couse lost.	mmediote (	R	TISEPSE CHEMI	TR.		eva,	usa,	e o caro			. WYOS
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY						VEN IN PAKI I	PERF	ORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR HOUR O. J., p. m.		r 20d. IN While of work	JURY OCCURRED Not while		ACE OF INJURY (Ho ctory, street, office b		20f. (City	or town)	(Cou	anty)	(Stote
21. I certify the alive on	at I attended the	198 // / S	11	1	, 195 f., occurred at #	60.	DORESS (SI	reet, city or town,	and on the stote)	date sta	
REMOVAL (Specify)	Oct. 26	,195		METERY O			Mar	rion (City, town, tinsbu	eg, W.	Va.	ote)
FUNERAL DIRECTOR	SSIGNATURE	4/9	ADDRESS 7/3 U.J.	Rati	to the 2	40. REC'D	BY REGIST	RAR 24b. REG	STRAR'S SIGN		

40000	ATE OF DEATH  Reg. Dist. No. 10930
PLACE OF DEATH  o. COUNTY  Balto  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Md. b. COUNTY A. A.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catonsville	c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest lawn)  Riviera Beach
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Shady Nook Nursing Home	d. STREET ADDRESS Box 4, Route 14  e. IS RESIDENCE ON A FARM? YES NO
NAME OF First Middle DECEASED (Type or print)  WARREN  A •	CATHERMAN  4. DATE Month Day Year OF 15, 19 58
male  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  WIDOWED DIVORCED	B. DATE OF BIRTH  Dec. 4, 1882  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Supt. (rtd) Construction	Penna.
David H. Catherman	Rachel Leighly
Yes, no. or unknown) (If yes, give wor or dates of service) 213-10-2471	Mr. R. L. Catherman - 18 Rosedale Ave. Md.
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  153.8  DUE TO	EN PAROMAINEL
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D
	ED. (Enter nature of injury in Port I or Part II of item 18.)
	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clory, street, office bldg., etc.)
21. I certify that I attended the deceased from \$ 19 \$ alive an	n accurred at 12, 2000, from the causes and an the date stated above.  ADDRESS (Street, city or town, stote)  DATE SIGNED  M.D. 5 500 E D MUMM LOW 12-40 FULLOS
PHYSICIAN'S SOLAN HOS Show M.	1 BBUS. 28, MA
20. BURIAL, CREMATION, 22b. DATE THEREOF 10/18/58 22c. NAME OF CEMETERY CO. 10/18/58 Lewisbur	(31016)
I. FLIMEBAL DIRECTOR'S SIGNATURE / ADDRESS	
3 57	PLACE OF DEATH  o. COUNTY  Balto  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Catonsville  d. NAME OF HOSPITAL (If not in hospitot, give street oddress) OR INSTITUTION  Shady Nook Nursing Home  NAME OF HOSPITAL (If not in hospitot, give street oddress) OR INSTITUTION  Shady Nook Nursing Home  NAME OF HOSPITAL (If not in hospitot, give street oddress) OR INSTITUTION  Shady Nook Nursing Home  NAME OF HOSPITAL (If not in hospitot, give street oddress) OR INSTITUTION  Shady Nook Nursing Home  NAME OF HOSPITAL (If not in hospitot, give street oddress)  WARREN  A.  6. COLOR OR RACE  WIDOWED  DIVORCED  WIDOWED  ON KIND OF BUSINESS OR INDUCTION  Construction  10. KIND OF BUSINESS OR INDUCTION  Supt.  ("ttd)  10. KIND OF BUSINESS OR INDUCTION  Construction  117. (et not unhown)  (If yes, give wor or date of service)  118. CAUSE OF DEATH [Enfer only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stofting the under: Iying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  10. CONTRIBUTING CAUSE OF DEATH  (If EITHER, NOTHEY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTION CAUSE OF DEATH  (IF EITHER, NOTHEY MEDICAL EXAMINER)  201. I certify that I attepded the deceased from.  p. m.  19 of white Not white Not white Of work Of White Not white Of White Not white Of work Of White Not white Of White Not white Of White Not white Of White Not white Of CONTRIBUTION, 226. DATE THEREOF  PHYSICIAN'S NAME (Type)  202. NAME OF CEMETERY OF PROPORTION (Thereity)  203. NAME OF CEMETERY OF PROPORTION (Thereity)  204. NAME OF CEMETERY OF CEMETERY OF PROPORTION (Thereity)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or attending physicion.

TO FUNERAL DISCORDER After this certificate has been signed by the attending physicion and completely filled in by page 3 shauld be detached for use as the buriol-transit permit. Then please remave corbon papers. Pages 1 and 2 system the registrar prior to buriol, cremotion, or remaval, and in any event within 72 hours after death.

VS A15 (4) 1SM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10961 **CERTIFICATE OF DEATH** 

		T	U	J	3	ı
a.	Dist.					

	11	TUCE	CERTIF	CAI	EOFD	EAIT	100	100	Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY	Balltimore		MARYLA		o. STATE	ence (wh	ALC: NO	lived, If instituti b. COUNTY	~	nce befo		ion) /
b. CITY OR TOWN RURAL and give	(If outside carporate limit	s, write c	LENGTH OF STAY IN	16	e. CITY OR T	OWN (If o	utside corpor	rote limits, write R	URAL and	give ne	prest town	1)
	sville		3yr7mth24d	ys		Sykes	ville	, Maryla	nd		06)	K-2
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, gi	ve street od	dress)		d. STREET A	DDRESS					e. IS RES	FARM?
	ROVE STATE	HOSP	ITAL		Syk	esvil	le, Mo	d.				NO
3. NAME OF	Firs	1	Middle		Lost	1	4. DATE	Mor	ith	Do	ly '	Yeor
(Type or print)	Mary		G.	Cha	adwick		OF DEATH	Octobe	er	24		19 58
5. SEX 4	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	8. 0	ATE OF BIRTH	4	7.50/10	9. AGE (In years		RIYEAR	IF UNDE	ER 24 HRS.
female	white	WIDOWED	DIVORCED [		July 5.	1888	3	70 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPAT during most of wo	ION (Give kind of work dorking life, even if retired)	lone 10b. KI	ND OF BUSINESS OR	NDUSTRY	11. BIRTHPL	ACE (Stote	or foreign ca	untry)	12. CI	TIZEN C	F WHAT	COUNTRY
housew	ork				Ire	eland		11		XXX	Alan	XXU S
13. FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	IAME					
	Michael By	rnes			Brid	lget F	lowane					
15. WAS DECEASED EV	/ER IN U. S. ARMED FORG	CES? 18 SC	CLAL SECURITY NO.	17. INFC	RMANT	1-6-		Add	ress			
no		X	MARGARIA	Re	cords:	SPRI	ING G	ROVE ST	ATE	HOSE	ITAI	2
18. CAUSE OF DE	EATH [Enter only one cou	se per line	far (a), (b), and (c).]								ERVAL BE	
PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Tnan	ition and	dahar	dration					UN	SET AND	DEATH
nr	DUE TO	JAIGH	T bitter and	nanhi	TESTOT							
200		Cand	T. Dunda D									
Conditions, if		Seut	le Brain D	rsea:	58							
couse (o), stoting	g the under-		7.1									
lying couse lost	, (c)		lity									
CATIC	THER SIGNIFICANT CONE	DITIONS CO	NTRIBUTING TO DEATH	BUTNO	OT RELATED TO	THETERMI	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	RMED?
	VAS UNDERLYING  IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20Ь. DESCR	BE HOW INJURY OCC	URRED. (	Enter nature of	f injury in f	Port I or Part	II of item 18.)				
20c. TIME OF INJU	10	While of work	Not while of wark	e. PLACE foctor	OF INJURY (I	Home, farm bldg., etc.	, 20f. (City	ar tawn)		(Caunty)		(State)
	that I attended the	deceased	from Aug.	5	1958	10 /	0/2-4	19.00	that I	laste	nu tha	decease
alive on/	7/2 4	10 5	and that d	a		7						
glive ou	1-f	-, 12	-, and mar o	earn o	curred at.	7		the Causes of the test of the causes of the causes, city or town,		rne da		ed abave ATE SIGNE
ACTUAL SIGNATURE	Stella	wa	cheler	AA D	SPI	RING	GROVE	STATE	HOS!	TTAI		TIE STOTE
	a-	1.1	- 4 11 0	1 ,	D							
PHYSICIAN'S NAME (Type)	SIELLA	W	7CH3	LEI	Cat	tonsy:	ille 2	8. Marvl	and			
220. BURIAL, CREMATI	ION, 226. DATE THEREO	F	22c. NAME OF CEMETE	RY OR C	REMATORY		22d. LOCAT	ION (City, town,	or county)		(State	•)
REMOVAL (Specify	70-20-5	0	Provid	lence				enelg.Md				
23. FUNERAL DIRECTO		0	ADDRESS			240. REC'	BY REGIST		STRAR'S S	IGNATU	RE	
F.C. Higir	nbothom, Elli	cott	ity.Md			DATE OC	T 2 9 '5	8 0	Thung &	the	14	
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		Mary Institution	
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# FOR STATE HEALTH DEPT

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necessary, please of director. Page of feel files. M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is nec execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral disastable to death at the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar ar its designated agent, priar to burial, cremation, ar removal, and in any event within 72 hours after death.

5M 2/57

VS. A15ME

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1 0 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10932 Reg. Dist. No.

	1000							
1. PLACE OF DEATH a. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDENCE 0. STATE Mar	(Where deceos	ed lived. If institu b. COUNT		
b. CITY OR TOWN and give nearest to	I (If outside corporate limits, write bwn) Dindalk	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	porote limits, write	RURAL ond give	neorest town)
d. NAME OF HOS	1428 Trappe		ial, give street address)	d. STREET ADDRESS		a		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fire	t	Middle	Last	4. DATE OF DEATH	Month		Yeor
5. SEX	6. COLOR OR RACE	7. MARRIED	D. NEVER MARRIED   8	. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER TYEAR	
during most of wor	king life, even if relired)	MIDOWED	DIVORCED NO OF BUSINESS OR INDUST				12. CITIZEN C	DE WHAT COUNTRY
Waitre 13. FATHER'S NAME	Albert Ki	nder		14. MOTHER'S MAIDEN Veroni	NAME		J U.S	.A.
15. WAS DECEASED [Yes, no, er unknown)	EVER IN U. S. ARMED FOR	arvice)	073/01/07	NFORMANT S. Veronic D	eHaven	Address N	Monroe	Street
Conditions, if gave rise to imm (a), stoling the couse last.  PART II. C	underlying DUE TO	DITIONS CON	ATRIBUTING TO DEATH BUT N	OT RELATED TO THE TER/	MINAL DISEASE	ECONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES 20 NO 1
CAUSE OF DEAT	ONIKIBUTING		HOW INJURY OCCURRED. (E		art I or Part II	of item 18.)		TES DE NO []
20c. TIME OF IN Hour a. r	n. 30 00 10 1	While	JURY OCCURRED Not while facts of work	CE OF INJURY (Home, for ory, street, office bldg., et	rm, 20f. (City	or town)	(County) Baltimo	(Stole)
			moins described abo		Homicide	spection, , Undeter	Inquiry rmined monn	, and in my er DATE SIGNED
EXAMINER'S NAME (Type)	Russell S.	Fishe	r, M.D.	ASSISTANT MEDICAL				10/23/5 8
BURIAL	10-28-5	F 2	Baltimore N			ION (City, town, o	er county)	(State)
23. FUNERAL DIRECTO		1217	ADDRESS		D BY REGIST	RAR 246. REGIS	TRAR'S SIGNATU	RE
WIIIIam C	ook, inc.,	151/	St.Paul Stre	DET	2 7 '58	Cath.	2 9 4	

E DOMESTICAL EXAMINARIS CERTIFICATO OF DIATES Marian er sold THE POST OF THE PARTY OF THE PA come name the ecs hereful of some here nelectioned a farmer or our new post St. Store Line 

VS A15 (4) 15M 10/57

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offending	please	ent within 72 Jours after deoth.
he c	hen	ent

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10962 CERTIFICATE OF DEATH

Reg. Dist. No. 10933

o. COUNTY	Baltimo	re	MARYLAND	a. STATE	sidence (wh		b. COUNTY		nce befo		ion)
b. CITY OR TOWN (I RURAL and give no	f outside corporale limeorest town) Middle Ri		C. LENGTH OF STAY IN 16	200.0	R TOWN (IF o		ote limits, write R	URAL ond	give nec	aresi lown	)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol.	give street er St	Military Factors in	d. STREET	ADDRESS	ster S	S+				IDENCE FARM?
3. NAME OF DECEASED		rst	Middle	-11	last	4. DATE	Mon	th	Do		Year
(Type or print)		ranci		Cisna		DEATH	Octo	ber		29,1	1958
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BI	RTH	1	9. AGE (In years lost birthdoy)	Months	Doys	Hours	R 24 HRS. Min.
Male	White	WIDOWE		Dec.	, 1918		39 yrs.	Monnis	Doys	Hours	Min.
during most of work	DN (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTH	IPLACE (Stote	or foreign co	untry)	12. CI1	SIZEN C	F WHAT	COUNTRY
	Operator	E	Beth. Steel Co		Misso	uri			US	SA	
13. FATHER'S NAME				14. MOTHE	S'S MAIDEN N	IAME					
Fre	ed Cisna			- 1	Mari	an Ma	unsfield				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Add	ess			
No			Mr	s. Dana	R. Cis	na 53	Rlister	st.	Bal	Lto.	20
PART I. DEA	TH [Enter only one control of the co		Re for (o), (b), and (c).]	mod	Zenja	,			INTE	ERVAL BET	DEATH
Conditions, if o gove rise to it couse (o), stoting lying couse lost.	mmediate (	))	met A	state	è ca	ston	ach		6	mo.	1
ZA			ONTRIBUTING TO DEATH BU					EN IN PAR	T 1(o) 1	PERFO	NO
	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature	of injury in P	ort I or Port	II of item 1B.)				
ZOC. TIME OF INJUR Hour o. m. p. m.	Y Month, Day. Ye	or 20d. IN While of work	_ Not while _	LACE OF INJURY octory, street, off	(Home, farm, ice bldg., etc.)	20f. (City «	or town)	(0	County)		(Stote)
21. I certify the alive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	decease 19 2tt	ed from Aug	h accurred c	YP		9 , 19) 8 the causes a set, city or town,	nd on t		te state	deceased abave
220. BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEMETERY				ON (City, town, o	.,	7.4.	(Stote	
23. FUNERAL DIRECTOR		958	Gardens O	aith	240. REC'D	BY REGISTR	AR 246. REGIS		GNATUR		MO
Toraly J	remiralis	Tome	2401 Bola	ii. Rd.	DATENO	/ 3 '58	an	hur S.	Krau	A	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 for the haspital or attending physician.	PR: After this certificate has been signed by the attending physician and completely filled in by the eral director, delached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with 10 burial, cremation, or removal, and in any event within 72 haurs after death.
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ATTENDING PHYSICIAN: The law requ	PR: After this certificate has been signed by the attending physician and campletely filled in by the fired director, a delached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shand be filed with a burial, cremation, or removal, and in any event within 72 haurs ofter death.
e ho	R: Al oche
ATT	det of

may be retained the haspital or attent of the Frank DR. After this certify page 3 should be detached for use as the registrar prior to burial, cremation,

VS A15 (4) 15M 10/57

TO HOSPITAL OR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10963

**CERTIFICATE OF DEATH** 

10934 Reg. Dist. No.

6303 Pinehurst Rd.  3. NAME OF DECEASED  First Middle Lost 4. DATE Month Day	IS RESIDENCE ON A FARM?
6303 Pinehurst Rd.  3. NAME OF DECEASED  First Middle Lost 4. DATE Month Day	ON A FARM?
DECEASED	YES NO
(Type or print) ALBERT E. CLARK DEATH Oct.	Yeor 19 58
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR II lost by thoday) Months Days	
male white widowed Divorced Aug. 15, 1875 83 yrs.	Hours Min.
during most of working life, even if retired)	WHAT COUNTRY
Broker (rtd) Wholesale Candy Md.	
13. FATHER'S NAME	
James A. Clark Annie E (unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Address	MEN'LE
no Mrs. Naomi H. Clark - 6303 Pinehurst	Rd.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CARCINOMA OF PROSTATE  INTERIOR ONSET	VAL BETWEEN
177X DUE TO	1
Conditions if any which )	
gove rise to immediate	
Living course land	
, (0)	WAS AUTOPSY
ARTERIOSO ER - O MEDOT NICEACE	PERFORMED?
200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	ES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a.m. 29 While Not while of work at work	(0.0.0)
	.1
alive an, 19, and that death accurred at, M, from the causes and on the date	stated abave
SIGNATURE AS, Chalfort M.D. 6 > 10 Mpx Rel 0	at 6 se
PHYSICIAN'S AS. CHAKFANT Brokening 12 My	
22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
Burial 10/7/58 Druid Ridge Cem. Pikesville, Md.	E THE T
23 PUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	2.
1/M. J. Juvenes 1 xour - pearly 1 DATE 18/6/58 Circher &,	Alcere

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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10936

10965 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o COUNTY b. COUNTY Baltimore Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) White Hall White Hall life d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Wilson Rd. Wilson Rd. 3. NAME OF First Middle 4. DATE Month Yeor DECEASED 10-15-58 Collett (Type or print) Howard DEATH 19 9. AGE (In years lost birthdoy)
83 yrs. 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours DIVORCED | WIDOWED | male white 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland Farm owner operator 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Moses Collett Mary Collett 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Carroll E. Collett, above 219-36-0030 no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 12 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY [Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. 1 certify that I oftended the deceased from \_\_\_\_\_\_\_ 1957, that I last saw the deceased M. fram the causes and an the date stated above DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) (Stote)

Wiseburg Methodist

York Rd.

White

240. REC'D BY REGISTRAR

Hall,

24b. REGISTRAR'S SIGNATURE

Ry

REMOVAL (Specify)
Burial

10-18-58

Service Aports

Towson4. Md.

TO FUNERAL DIR poge 3 should be

VS A15 (4)

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# heral director, be filed with

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10066

CERTIFICATE OF DEATH

10937

2030(	CERTIFICA	ALE OF BEATH		Reg. Dist. No.	
1. PLACE OF DEATH  o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE Marylar		on: Residence before Baltimo	
b. CITY OR TOWN (If outside corporate limits, write RUBAL and give negrest town) White Hall	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside )  White Hal	The state of the s	URAL ond give neare	st town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Bacon Rd.	oddress)	d. STREET ADDRESS Bacon Rd.			IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print) ROY W	atson Colli	2 / / 2	DEATH OCH	th Day	Year 19 5 8
male white wipow		8. DATE OF BIRTH 5-8-1924	34 yrs.	Months Days	Hours Min.
	construction	Virginia	eign country)	U.S.A	WHAT COUNTRY
) Charles J. Collins		Anna Lipps	3		
(Yes, no, or unknown)   (If yes, give wor or dates of service)		NFORMANT Rebla P. Colli	ins a	bove	
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cotise (o), stating the under- lying couse lost.  (c)	ascenia	of the	idney	ONSET	VAL BETWEEN TAND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS (  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					PERFORMED?
		D. (Enter noture of injury in Port I	or Port II of item 18.}		
20c. TIME OF INJURY Month, Day, Year 20d. II Hour o. m. 19 While of wor	Nat while fo	ACE OF INJURY (Home, form, 20) ctory, street, office bldg., etc.)	f. (City or tawn)	(County)	(State)
21. I certify that I attended the decease alive an 195  ACTUAL SIGNATURE 7. 7.  PHYSICIAN'S 7. 7.	ed from teh.		fram the causes a ESS (Street, city or town, shown)		
220. BURIAL, CREMATION. PREMOVAL (Specify) 10-10-58	22c. NAME OF CEMETERY O	R CREMATORY 22d.	LOCATION (City, town, o		(Stote)
Boundary Sirectory Signature Light Brooks 622 York	ADDRESS	24a. REC'D BY I	REGISTRAR 24b. REGIS	STRAR'S SIGNATURE	inia

aring & Kings

TO FUNERAL DIFE
page 3 should be VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4

**9R**: After this certificate has been signed by the attending physician and campletely filled in by the toched for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 structed, cremation, or remayal, and in any event within 72 haurs after death.

Tetached for use as the burial-transit permit.

VS A1S (4) 1SM 10/S7

		MARYLA 1092
emave carbon papers. Pages 1 and 2 should be filled with 2 haurs after death.	3. S.	b. CITY OR TOWN (If outside corporote limits, RURAL and give neovest town)  d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION 807 Winner of DECEASED (Type or print) FLORENCE
burial-transit permit. Then please remave carban papers. remaval, and in any event within 72 hours after death.	TIFICATION	18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITION OF COUNTY WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200.

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
10925	CERTIFICATE	OF	DEATH	

	10923	CERTIFICA	TE OF DEATH	Reg.	Dist. No.10938
, 1	COUNTY Baltimore	MARYLAND	o. STATE	eceased lived. If institution: Resid	dence before admission)
-	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  He block	GTH OF STAY IN 16	c. CITY OR TOWN (If outside 51 Hale	corporate limits, write RURAL on	d give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 807 Winass	ave	d. STREET ADDRESS 1807 Wa	nans ar	e. IS RESIDENCE ON A FARM? YES NO BY
-	NAME OF DECEASED Type or print) FLORENCE ING	Middle RAM (	C 00 0 1100 0	DATE Month Oct	Day Yeor 16 1938
	Femde White WIDOWED		nay 4. 1884	9. AGE (In years lost birthdoy)  Month	DER I YEAR IF UNDER 24 HRS.  Doys Hours Min.
00	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	F BUSINESS OR INDUST	TRY MIDBIRTHPLACE (Sigle or for	reign country [12.	CITIZEN OF WHAT COUNTRY?
	Benjim F. L	auton	14. MOTHER'S MAIDEN NAME	Ketterer	
S. Yes	WAS DECEASED VER IN U. S. ARMED FORCES? 16. SOCIAL  10. or unknown)  11 yes, give wor or dates of service)	SECURITY NO. 17. IN	Clifford C	osquor El	Ob Elkridge Ley
	18. CAUSE OF DEATH [Enter only one couse per line for (or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	b). (b). ond (c).}	occlusio	el .	INTERVAL BETWEEN ONSET AND DEATH WESTE
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.	riosele	rote He	art Sresas	e 10 year
CALICIA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL [	DISEASE CONDITION GIVEN IN P	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
CENTIL	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HO OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED.	(Enter noture of injury in Port I	or Port II of item 18.)	
medica	20c. TIME OF INJURY Month, Day, Year Hour o. m. P. m. 19 of work of the of work of the of the of the often of	ot whilefocto	CE OF INJURY (Home, form, 20 ory, street, office bldg., etc.)	f. (City or town)	(County) (Stole)
	21. I certify that I attended the deceased fra alive on OCI. 7, 1958			f, from the causes and an tess (Street, city or town, stote)	I last saw the deceased the date stated above.  DATE SIGNED
	ACTUAL A Bradley Tough	arthy- m	.b. 1264 17	pourie par 3	ractory ma 10/17/5
	PHYSICIAN'S NAME (Type)				
20	Burial Oct 18, 1958 7	Carleigh	Cemetery (	LOCATION (City, town, or county	lew fersey.
10		DDRESS	P 24. REC'D BY	REGISTRAR 24b. REGISTRAR'S	SIGNATURE

DE STOMETAN HELDEN FOR MENTANGED BY LEE DEAN TO THE DESIGN OF THE PROPERTY OF	
200 Billion and American Control of the State of the Stat	

TATE DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed execute the certifier, writing the ward "pending" in pencil in the 4 shauld be for idea to the Chief Medical Examiner's Office aloat Funeral DIRECTOR: Page 3 should be used as a burial-transit par its designated agent, prior to burial, cremation, ar removal, and

VS. A15ME 5M 2/57

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3 within 24 hours ofter death. If any delay is necessary, please m. 18. Give Pages 1, 2, and 3 to the funeral director. Page 3 mg with farm PM3. Page 5 may be retained for filles.	permit, the pages 1 and 2 with the State Baare of Health, and in any event within 72 haurs after death.

MARYLAND STATE DEPAR	TMENT OF HEALTH—BALTIMORE, 18	3
MEDICAL EXAMIN	ER'S CERTIFICATE OF DEATH	Re
	2. USUAL RESIDENCE (Where deceased lived. If institution	1:

		1005	CAL EXAMINER'S	S CERTIFICATE OF DEATH	10939
	PLACE OF DEATH	17		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	dence before admission)
	o. COUNTY	D2/1	2070 C MARYLAND	o. STATE Maryland b. COUNTY Ba	1/more
1	b. CITY OR TOWN and give nearest low	(It autside corporate hmits, write Ri	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL or	nd give neorest town)
	1	50/7/2ma	ic	x 100/ timore	
	d. NAME OF HOSPI	ITAL OR INSTITUTION (IF I	not in hospital, give street address)	1 d. STREET ADDRESS	S. IS RESIDENCE ON A FARM? YES   NO
3.	NAME OF DECEASED	First	Middle (2)	tost 4. DATE Month OF	Doy Yeor
	(Type or print)	Edgar	H. (1.	-ornhull DEATH Oclobe	9 1915
5. :	17/3/s	11/1.		DATE OF BIRTH  9. AGE (In years last birthday)  Months	R TYEAR IF UNDER 24 HRS.  Days Hours Min.
10c	USUAL OCCUPAT	ION (Give kind of work dor	*	August 12, 1879 79 Yrs.  IRY H. BIRTHPLACE (Stote or foreign country) 12. CI	TIZEN OF WHAT COUNTRY
		ring life, even if retired)	Deposit & Trust C	o. Baltimore, Maryland	
13.	FATHER'S NAME	easurer dare	reposit a must o	14. MOTHER'S MAIDEN NAME	
	Andrev	J. Cromwell		Margaret Holliday	
		EVER IN U. S. ARMED FORCE		NFORMANT Address	
	No		C.	Graham Cromwell 311 Weatherbe	e Road (4)
	1		per line for (o), (b), and (c).	. 1	INTERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Corona	VI Oce/USION	Budden
	420.1				
	Conditions, if	ony, which } (b)			
	gove rise to imm	rediote couse			
	(o), stoting the couse fost.	underlying (c)			
ATION	PART II, O		TIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20g. EXTERNAL COPRIMARY OF CO	ONTRIBUTING	DESCRIBE HOW INJURY OCCURRED. (I	Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJ		f	CE OF INJURY (Home, form. 20f. (City or town) (Coor, street, office bldg., etc.)	ounty) (Stote)
MED	Hour o. m p. m		While Not while of work of work	ory, most, office bidgi, etc.)	
	21. I certify	that I took charge o	of the remains described obo	ve, held on Autopsy . Inspection . Inqui	iry , and in my
	opinion deotl	h resulted from: No	oturol causes 🖹 , Accident	, Suicide , Homicide , Undetermined	manner
	/	/1/ 0			
	ACTUAL SIGNATURE	Made	of Phoneells	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
		11.	- 12	ASSISTANT MEDICAL EXAMINER	10/-1
	EXAMINER'S NAME (Type)	4/70r/c	5 HO DONNE	DEPUTY MEDICAL EXAMINER	19198
224	P. BURIAL, CREMATI	ION. 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
23	Burial FUNERAL DIRECTO	10/14/58 DR'S SIGNATURE	Loudon Park	Baltimore	Maryland GNATORE
			s, Inc., 1900 Euta		
				TALKUT A	-/ UAUA

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	PART CALLED TO MENT OF HE		
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voil Tall	Physician Company	Towns I	
Total a security of fill city	are production of the second		C

# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 uneral director, ould be filed with M may be retained by the haspital or attending physician. O FUNERAL D TOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 stather registrar prior to burial, crematian, or removal, and in any event within/12 hours after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10968 **CERTIFICATE OF DEATH**

10940 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Md.	ere deceased lived. If instituti b. COUNTY	an: Residence befare admission) Balto.
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Catonsville	c. LENGTH OF STAY IN 16	pure at the same	utside corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Summit Nursing		/ d. STREET ADDRESS 5625 Carro	ll Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) JOSEPH	Middle D An	nunzio	4. DATE Mon	18 Day Yeor 19 58
M WIDOWE	DIVORCED	8. date of Birth March 19,18		Months Doys Haurs Min.
10c. USUAL OCCUPATION (Give kind of wark dane 10b. during most of working life, even if retired)  Tailor Ret Cl  13. FATHER'S NAME  Louis D <sup>†</sup> Annung	othing Mfg	Ital	AME	U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. H	Mari NFORMANT Lbert D'Ann	Add	cess Carroll Ave.
IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause tost.  PART II. OTHER SIGNIFICANT CONDITIONS COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OUTERD SOL	NOT RELATED TO THE TERMIN	val Disease CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	Not while for at work	CE OF INJURY (Hame, form, tory, street, affice bldg., etc.	20f. (City ar tawn)	(County) (State)  That I last saw the deceased and an the date stated above.  State) DATE SIGNED
PHYSICIAN'S CLIFF RA	TLIFF, 5R	- Bal	i 29, n	~l ·
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 10-22-58		Cem.	22d. LOCATION (City, town, or Baltimore	Md.
23. FUNERAL DIRECTOR'S SIGNATURE  Japley Juneal Home.	- Cotonwill	240. REC'E DATOGT		STRAR'S SIGNATURE

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10941

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10926	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	nere deceased lived. If institution Bal Cimo		}
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest lown)  Lansdowne	ite c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF o	outside corporate limits, write RUR	(AL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION 2217 Monume		d. STREET ADDRESS	onumental Ave	e. IS RESIDE ON A FA YES N	ARM?
NAME OF First DECEASED (Type or print) John W	esley Darney	Lost	4. DATE Month OF DEATH 10-24.	Day Year	r
20 20 20 20	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Feb. 24, 19	lost birthdoy)	FUNDER 1 YEAR IF UNDER 2 Months Doys Hours	Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Carpenter  3. FATHER'S NAME	106. KIND OF BUSINESS OR INDUS		more, Md.	12. CITIZEN OF WHAT CO	DUNTE
William H. Dar		Anna M.			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. 18 218-07-4713	NFORMANT Elzie Darn	ey 2217 Monun	nental Ave	
IMMEDIATE CAUSE (o)	CORINARY PULMINARY NS CONTRIBUTING TO DEATH BUT	EDEMA	je, de la companya de	N IN PART I(0) 19. WAS AUT PERFORMI YES N	ED?
	DESCRIBE HOW INJURY OCCURREN	D. (Enter nature of injury in F	Port I or Part II of item 18.)		
Hour o. m.	od, INJURY OCCURRED 20e. PL/ hile Not while work of work	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	, 20f. (City or town)	(County)	(Stote
21. I certify that I attended the decalive an		accurred at 3.75	AM, fram the causes and ADDRESS (Street, city or town, sto	DATE DATE	
220. BURIAL, CRÉMATION, 226. DATE THEREOF REMOVAL (Specify)  Burial 10-28- 23. FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY O		Howard Country By REGISTRAR 246. REGISTRAR	(State)	

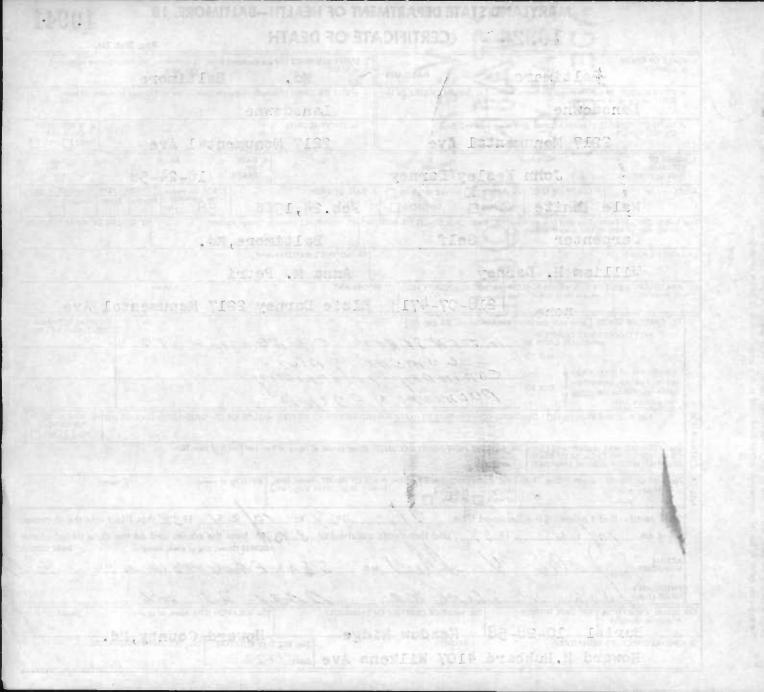
Howard H. Hubbard 4107 Wilkens Ave DATEOCT 28'58

O FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. the registrar priar to burial, cremation may be retained TO HOSPITAL OR

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

er this certificate has been signed by the attending physician and campletely filled in by far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2, crematian, or remaval, and in any event within 72 hours, after-death.

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MARYLAND

c. LENGTH OF STAY IN 16

Middle

4 yrs

16. SOCIAL SECURITY NO

Ave.

1 /	MARYLAND	STA
5 %	1096	9
director, led with	1. PLACE OF DEATH o. COUNTY Baltimore	
funeral old be fi	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c. LEN
2 00 m	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION 610 Chestinut, Ave.	

3. NAME OF

no

ш	FIL	AI		U	r L	EA	
		1 2	1161	LAI	DECIC	ENICE	MAZE -

Reg. Dist. No. RESIDENCE (Where deceased lived.). If institution: Residence before admission) b. COUNTY Baltimore. Md.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Towson d. STREET ADDRESS

610 Chestnut Ave.

IS RESIDENCE ON A FARM? YES NO.

(Type or print)	Elinore	Batson	Dashie	lls		OF	Oct.		958	,	9
Female	6. COLOR OR RACE White	7. MARRIED N			7.1913			Months		Hours	Min,
00: USUAL OCCUPA during most of v HOUSEW	ATION (Give kind of work working life, even if retired 11 e	done 10b. KIND OF	BUSINESS OR INDU		erthplace (Stote of Lymingha			-	TIZEN O	F WHAT	COUNTRY?
3. FATHER'S NAME				14. MO	THER'S MAIDEN N	AME				-	

Stephen Radford Batson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

Ruth Philips

17. INFORMANT Address J.Lester Dashiells. 610 Chestnut Ave-4

		unly one cause per line for (o), (b), and (c).]  USED BY:  E CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH  2. V / (5
	110 %	DUÉ TO	
	Canditions, if any, which gove rise to immediate cause (a), stating the under-	(b)	
7	lying couse last.	(c)	
ATIO		CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

Doy, Year

20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County) (Stote)

21. I certify that I attended the deceased from August 8, 1957 to Octabert, 1958, that I last saw the deceased alive an October 3 , 19.58, and that death accurred at 2:204 M, from the causes and an the date stated above.

ACTUAL

20c. TIME OF INJURY

Hour o. m

at work at work

E. Egger St. 101

PHYSICIAN'S NAME (Type)

MEDICAL

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Oct. 6.1958 22c. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemeterv 22d. LOCATION (City, town, or county)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE SANDER &

ADDRESS SONS. INC. Baltimore 24a. RECID BY REGISTRAR DATE

24b. REGISTRAR'S SIGNATURE Circling & - Thanks

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requires that the death certificate be executed within 24 haurs after death. Page 1

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Ave. Balto. Md

W.Sullivan Funeral

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death. Page

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
10971 CERTIFICATE OF DEATH 10971

Rea. Dist. No.

4	11 CT			11					
L	o. COUNTY Paltino	rl	MARYLAND	2. USUAL RESIDEN	ICE (Where decease	b. COUNTY	on: Residence bel	fore admiss	ion)
	b. CITY OR TOWN (If outside corporate fimi RURAL and give nearest town) St. Dennis	ts, write c. LEN	IGTH OF STAY IN 16	Baltimo:	and the same of th	orote limits, write R		earest town	) /
1	d. NAME OF HOSPITAL (If not in hospital, and prinstitution St. Siste	100000000000000000000000000000000000000		d. STREET ADD 31 29 Wi	ress lkens A				IDENCE FARM?
3.	NAME OF FINAL PRINTS OF PR		Middle Anne	Davis	4. DATE OF DEATH	Oct.	29/58	,	Yeor 19
	sex s. color or race white	7. MARRIED WIDOWED	DIVORCED	B. DATE OF BIRTH Aug. 1	8,1912	9. AGE (In years lost birthday) 46 yrs.	Months Days		R 24 HRS. Min.
S	usual occupation (Give kind of work during most of working life, even if retired terretary. Comfy N			Balti	more, Mo	i.	U.S.		COUNTRY?
V	FATHER'S NAME Temes Peterka			Marie	Veleno	sky			
	WAS DECEASED EVER IN U. S. ARMED FOR (15, no. or unknown) [If yes, give wor or dates of a			eude L.	Davis, 3	129 Will	cens Av	e.	
7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under- tying couse lost.  (c)	1	age of		lica P	elun dina	io l	6-2	-ys
CERTIFICATION	PART II. OTHER SIGNIFICANT CON						EN IN PART I(a)	PERFO	RMED?
	20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		OW INJURY OCCURRE	ED. (Enter nature of in	jury in Port I or Pa	rt It of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Ye Hour a. ş1. p. m. 19		of while	ACE OF INJURY (Hon ectory, street, office blo	ne, farm, 20f. (Cit dg., etc.)	y or town)	(County	)	(State)
	21. I certify that I attended the alive on	deceased fro		12-7, 19-5-2, 1 h occurred at //	2-17 M, fro	m the causes a street, city or town,	nd on the d	ate state	
22. I	BURIAL, CREMATION, 226. DATE THERECO	,	NAME OF CEMETERY C			TION (City, fown, o	or county)	(Stote	•)
23.	THE PARTY DI 4101 Edmondson AV	rectors	PORESS 29 M		a. REC'D BY REGIS		TRAR'S SIGNATURE S. K.		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 18	10945
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1	10010

	Ttom 8 F	ME G-235	DICA	1/58.cac.	K 2	CERTIFICA	TE O	PEAIN	Reg. I	Dist. No.	
	PLACE OF DEATH	IU:	16%			2. USUAL RESIDENCE	(Where dece		-		
		ltimore		MARYL	AND	o. STATE Md	•	b. COU	W Ba.	ltim	ore
b	. CITY OR TOWN (If and give negres) lown)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					orest town)
		Towson		2 Year	cs	55	Tows	n			
C	. NAME OF HOSPITA	AL OR INSTITUTION (	If not in hos	oital, give street oddress)		d. STREET ADDRESS				-	e. IS RESIDENCE ON A FAPM?
	616 Wall	ker Avenue				616	Walke	er Ave.		1	YES NO
3.	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mo	nth	Doy	Yeor
	Type or print)	Janice		C.		Dean	DEAT	10		17	1958
5. 3	EX	6. COLOR OR RACE		NEVER MARRIED	□ \$:			9. AGE (In years fast birthday)			IF UNDER 24 HAS.
	Female	White	WIDOWED	DIVORCED [	A	pri/1 12,1	925	33 7	Months .	Days	Hours Min.
100	USUAL OCCUPATION	ON (Give kind of work g life, even if retired)	done 10b. K	IND OF BUSINESS OR IN	IDUST	Y 11. BIRTHPLACE (Sto	te or foreign	country)	12. CI	TIZEN OF	WHAT COUNTRY?
	House-			at Home		Dass,	W. Va	a.		U.S	5.A.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			F) 9	
	Paul	E. Cruil	kshan	k		Beul	ah Gu	uthrie			
	WAS DECEASED EVI	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT		Addr	955		
1100	No	(if yes, give was as other or	vervice)		F	. Holt De	an Ji	r. Tow	son,	Md.	
	18. CAUSE OF DEA	TH [Enter only one car	se per line l	or (a), (b), and (c).]						INTER	VAL BETWEEN T AND DEATH
	PART I. DEAT	H WAS CAUSED BY	D	rbiturate ;	onis	oning					THE SERVICE
	970.2	DUE TO		LULUULUU j							
	Conditions, if o									F . V	
	gove rise to immed	diote couse									
	(a), stating the t	(c	)								
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TER	MINAL DISE	ASE CONDITION	GIVEN IN PA	RT 1(o) 11	P. WAS AUTOPSY
ATK										Y	PERFORMED?
CERTIFICATION	200. EXTERNAL CAL	JSE WAS 2	b. DESCRIBE	HOW INJURY OCCUR	ED. (E	nter noture of injury in P	ort I or Port	II of item 18.)			
CER	PRIMARY OF COL	NTRIBUTING L	Tool	c overdose	of 1	arhiturate					
3	20c. TIME OF INJUI	RY Month, Doy, Ye		NJURY OCCURRED 20	PLAC	E OF INJURY (Home, fo	rm, i 20f. (C	ity or town)	(C	ounty)	(Stote)
MEDICAL	Hour o.m.	10/17 19	ER of wo	Not while		ry, street, office bldg., e 3.0118	HC.)				
-			7.4	emains described			osy .	Inspection [	M. Inau	iry 🕞	and in my
				auses , Accid	-		Homicia	-	termined		
	l opinion death	resorted train.	1	/		T, Soletoe (14)		, 0.100		manne	
	ACTUAL	///i//	1/2/4	11		CHIEF MEDICAL	EXAMINER	m			DATE SIGNED
	SIGNATURE	way.	Vigner	THE STATE OF THE S		ASSISTANT MED				7	10/18/58
	EXAMINER'S NAME (Type) Tal	illiam V.	ovi tt	Jr., M.D.		DEPUTY MEDICA	L EXAMINE				10/10/00
220	BURIAL, CREMATIC	N. 22b. DATE THERE		22c. NAME OF CEMETER	RY OR	CREMATORY	22d. LO	CATION (City, tow	n, or county)		(Stote)
	BuriaT	Oct 21	,1958	Elkton	Cer	netery	E	lkton,	Mary	Land	
23.	FUNERAL DIRECTOR		0	ADDRESS			C'D BY REG		GISTRAR'S S		E
P	IPPIN FU	NERAL HOM	E	ald Me DUEIK	to	a. Md. DATE	CT 2 1	58 0	rehun S.	trave	2

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	Plant Systematical Page 1		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10946 CERTIFICATE OF DEATH Reg. Dist. No with filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Sail LACKETT (1 c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 2tonson d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1 m. 6, 60 YES NO NAME OF 4. DATE First Middle Month Year Day DECEASED DEATH (Type or print) ulferi 19 10 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Dovs Hours Mea le 68 WIDOWED [ DIVORCED I complet 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? eath. during most of working life, even if retired) puo luce a con pou ŏ 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ofter g Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18 SOCIAL SECURITY NO 17 INFORMANT Address No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: won 171 ra 4 371 IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which (b) gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO NO YES 🗍 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) foctory, street, office bldg., etc.) Hour While Not while at wark of wark 21. I certify that I attended the deceased from 19.17 that I last saw the deceased and that death accurred M, fram the causes and on the date stated above. ACTUAL SIGNATURE 1 DIR 3 should PHYSICIAN'S FUNERAL I NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Baltimore Maryland Cremation Greenmount Crematory 10 FUNEIAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS DATEOCT VS A15 (4) Heights Ave. Park 15M 9/55

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### 10974

#### **CERTIFICATE OF DEATH**

		AU	314	CLI	XIII ICA	IL OI D	LAII	•			Reg. D	ist. No.		
1. PLACE C a. COUN	NTY	Baltimore			MARYLAND	2. USUAL RESID a. STATE		ere decessed		instituti OUNTY	an: Reside	nce befa	re odmis	sian)
b. CITY RURA	OR TOWN (If L and give nea Caton		its, write	c. LENGTH OF	STAY IN 16	c. CITY OR TO		utside carpo	orate limits,	write R	URAL ond	give nec	rest taw	n)
d. NAM OR IN	E OF HOSPITA	l (If not in hospital, prest Have		The second	ome	Baltim d. STREET AC	DRESS	away	A 220			1	ON	SIDENCE A FARM?
3. NAME C		Fi			Aiddle	last	Carra	4. DATE	Ave.	Mon	46.			Year
DECEAS (Type or	ED	Herl		,*	T			OF DEATH	0			Do	У	
5. SEX		6. COLOR OR RACE		IED TO NEVER A	AARRIED [] E	Dist	-		9. AGE (I	tob veors	IF UNDER	15 R I YEAR	IF UND	19 58 ER 24 HR
14.	10		WIDOWE		ORCED	D 2	1000		last bir	lhdoy) yrs.	Months	Days	Hours	Min.
Ma 10a. USUAI durina	OCCUPATION	White N (Give kind of working life, even if retired	dane 10b.	- IAI		TRY 11. BIRTHPLA	CE (Stote	ar fareign co	auntry)	,,,,	12. CI	TIZEN C	F WHA	COUNT
	alesm			derwood	d Type	Balti	more	, Ma	rylar	nd		US	SA	
13. FATHER	'S NAME					14. MOTHER'S	MAIDEN N	IAME						
	Jos	eph A. Di	sney			La	ura	Goodr	ich					
15. WAS DI		IN U. S. ARMED FOI yes, give war or dates of	. Anniena			rs. Lau	ra M	. R 11 S	ssell.	Add	Anna	nda	le,	Va.
	USE OF DEAT	H [Enter anly one co				101 2100	1 6 1 1 1	T. T. Car	,5011	110	74171			ETWEEN
gave	titians, if an rise ta im (a), stating the cause lost.	mediate (	0	REER	- UD.	EKITIC POUP	e 01,	SEO	RFE.	WS/	ve e			
CATION	PART II. OTHE	R SIGNIFICANT CON	IDITIONS C	CONTRIBUTING T	O DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDIT	ON GIV	EN IN PAI	RT 1(a) 1	PERF	AUTOPSY DRMED?
U (IF EITH	CCIDENT WAS INTRIBUTING ( HER, NOTIFY A	UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJU	JRY OCCURRED	. (Enter nature of	injury in f	Part I or Part	t II of item	18.)				
	AE OF INJURY laur a.m. p.m.	Month, Day, Ye	While of work	NJURY OCCURRE Nat while t ot wark	foci	CE OF INJURY (H lary, street, affice			or tawn)			(County)		(State
21. 1	certify the	it I attended the	decease	ed from	7/1	, 190 J	to	10/	16	1950	that I	last so	w the	decea
	on	0/15	, 19.6			accurred at_	roke		n the ca	uses c	ond on t		te stat	
SIGNA PHYSIC NAME	TURE	John H. S	haw,	M.D.	eu/^	58	00 E	dmono	dson	Ave	. 6	10	1.0/	1-7/L
22a. BURIA	L CREMATION	, 22b. DATE THEREC	OF.	22c. NAME OF	CEMETERY OR			22d. LOCA					(Sto	te)
Bu	rial	10/18/1		Park	wood C	emeters	T	Balt	imor	e	λ	Mary	rlan	Ь
23. TUNERA	U DIRECTOR'S	SIGNATURE	nuo	ADDRES				D BY REGIST			STRAR'S SI			
Ellsy	vorth 4	rmacost	-4600	Libert	w Naht	AVA	DATE	m 0 0 m	10				-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours are death. Page 4 may be retain by the haspital or attending physician.

TO FUNERAL DE ATOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shayfd be hilled with the registror prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 10075

20010			Re-	g. Dist. No.
1. PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (Who MSTATE Maryland	re deceased lived. If institutions R b. COUNTY	Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorgy lown); c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside corporote limits, write RURAL Ue	Lond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street odds OR INSTITUTION 2702 Maple Ave		d. STREET ADDRESS 2702 Maple	e Avel	•. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Patricia	Ann Dobbs	Lost	4. DATE OF Month October	18 Day Yeor 58
female white WIDOWED	DIVORCED	8. DATE OF BIRTH December 22	2.1953 last birthday) Mo	INDER 1 YEAR IF UNDER 24 HRS. Inths Doys Hours Min.
100: USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)  Child	D OF BUSINESS OR INDU	Mary	land	12. CITIZEN OF WHAT COUNTRY
Peter J. Dobbs		14. MOTHER'S MAIDEN NA Helen Si		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no. or unknown) (If yes, give wor or dotes of service)		NFORMANT Peter J. Dol	66s, 2702 Map	le Ave.
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-		Co druction		3 mas.
lying couse lost. (c) a		Igina NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN II	N PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CON  200. ACCIDENT WAS UNDERLYING   20b. DESCRIB OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 18.)	YES NO P
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY Hour o. m. While	Not while at work	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I oftended the deceased alive an 10/60 19 58  ACTUAL SIGNATURE GRAND A Falum			O/18 , 1958,th M, from the causes and DDRESS (Street, city or town, state りるん	
	SALVIN			
burial 10-21-58	Holy Rosar	y Cemetery	Baltimore,	Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck Inc. 530	ADDRESS S	01		R'S SIGNATURE

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death: Page 4 may be retained by the haspital ar attending physician. **D FUNERAL DI**OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sthe registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO FUNERAL DI TO HOSPITAL OR VS A1S (4) 1SM 9/55

uneral director, d be fred with

	TE OF DEATH		20001	
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10976 CERTIFICATE OF DEATH

Reg. Dist. N. 10949

20010	Reg. Di	st. Ner (10 10
1. PLACE OF DEATH O. COUNTY  BALTIMORE  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resider a. STATE b. COUNTY BA	LT 1 MARK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
IN VERNESS	XINVERNESS	
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION  97 DI-L MAIR AUT-	d. STREET ADDRESS 197 DELMAR AVE	e. IS RESIDENCE ON A FARM? YES TO NO DY
3. NAME OF First Middle		
OFFICE OF P. DOM	BROWSKI OF DEATH OCT	Day Year
5. SEX  6. CÓLOR OR RACE  7. MARRIED NEVER MARRIED  NA/11/17 F WIDOWED  DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost biphday) Months yrs.	Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- ducing most of working life, even if retired)		TIZEN OF WHAT COUNTRY
STEEL WORKER	POUMND	JA
	14. MOTHER'S MAIDEN NAME	
DON / JTN OW  IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes. no. pp unknown) (If yes, give wor or dates of service) 213-09-0494	00	eman su
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (c)	ed Carinanataria	INTERVAL BETWEEN ONSET AND DEATH
177X DUE TO	Ca Cattlemaros/s	29%
Conditions, if ony, which) (b) Careinama ()	f Prostate	5-425
gave rise to immediate cause (a), stating the under-		
lying cause last. (c).		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(0) 19. WAS AUTOPSY PERFORMED? YES NO N
	ED. (Enter noture of injury in Port 1 or Port 11 of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, form, 20f. (City or town) (clory, street, office bldg., etc.)	County) (Stote)
21. I certify that I attended the deceased from July	, 19 53, to OCT. 27, 19 58 that (	last saw the deceased
alive on 000 127, 1658, and that death	h occurred at 11 1301. M, fram the causes and an t	he date stated above
SIGNATURE Jumes / Means	M.D. 520 DST. Ja 178, 19 M.	d pare signed
PHYSICIAN'S James Ti Means		7
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
BUILIAL OCT 31.1958 ST STANN	12AUS BAUTIMORE	MD
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	GNATURE
ILLRICH FUNERAL HOME - DUNDAL	CK MD. DATE OCT 3 0 '58 Chilling &	. Thous

TO FUNERAL a CTOR: After this certificate has been signed by the attending physician and campletely filled in by a funer page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or remaval, and in any event within 72 haury after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours. VS A15 (4) 15M 9/55

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within, 7.2 Hours after death, After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit.

4 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 1, Film G235 10/30/58 gg

10950

#### CERTIFICATE OF DEATH 10910

Reg. Dist. No.....

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED		
COUNTY Baltimore	MARYLAND	STATE Mary	and county	Balt	imore	
CITY (If outside corporete limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this ptece)	CITY (If outside corp	orate limits, write RURAL			
town Dundalk		53 town Dunc	ISTK			
HOSPITAL OR INSTITUTION OR STREET ADDRESS at home		/ STREET / ADDRESS 112	Ventnor Ter	race		
3. NAME OF (First) DECEASED (Type or Print)  (Type or Print)	(Middle) j Dog	(Lost) nlin	4. DATE (Mo	oct 20	(Pay) (Ye	er)
S. SEX 6. COLOR OR 7. SINGLE, MARK		OF BIRTH	9. AGE lest birthday	IF UNDER 1		24 HRS
male white (Specify) ma		4 1900	48 yrs.	Months	Deys Hours	Min.
done during most of working life, even If	ND OF BUSINESS R INDUSTRY Ltimore Co	11. BIRTHFLACE (State or for	elgn country)	12.	CITIZEN OF WE	IAT
3. FATHER'S NAME	remote oo 1	Md 1 14. MOTHER'S MAIDEN	NAME			
John Donlin		Badid	O'Connor			
	6. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	-		
Yes, no, or unk.) (If Yes, give wer or dates of service)		John Donl	in Dundalk	2 Dates	DEGO ATTO	PI .
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.  (C)	Carcin	omalosi			6 ms	elh
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	o carditis, co	hronic-Ci	rrhisisLi	VEY	3.4/la	10
196. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION				20. AUTOF	SY?
	ne, ferm, factory, office bldg., etc.)	21c. WHERE DID INJURY OCC	UR? (City or town)	(Count	y) (Stei	e)
W	e. INJURY OCCURRED hile Not while work et work	21f. HOW DID INJURY OCC	UR?			
22. I hereby certify that I attended the dece alive on	d that death occurred at	230 P.M. from the		date stated		
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	33 PUNCALLA	LOCATION (City, tow	AAIK (	24111	10/2 (Stefe)
burial Oct 23/58	Sacred Hear	+ Compt	Baltimore	Co		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	E Part ea Hear	t Cemetery 25. FUNEKAL DIRECTOR'S Ullrich Fune	SIGNATURE	A	ADDRESS	74.1
ATE CIZISO Galley S. France				THE THIN	dativ HAG	

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	~~~				Keg. Dist. No	•
1. PLACE OF DEATH O. COUNTY	ALTIMORE -	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived, If instit 274AND b, COUN	utianı Residence befa TY	are admission)
RURAL and give r	(If outside carporate limits, write nearest lawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give ne	
d. NAME OF HOSPI	TAL (If not in hospital, give street	address) HoME	d. STREET ADDRESS	OAKFORD	AVE	IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	MOLLIE	GENEUR	DORA	4. DATE MOF DEATH	anth De	/ Year
F. SEX	6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH 8-20-18	9, AGE (In year last birthday 78 y	Months Days	Hours Min.
HOUSE U	ON (Give kind of work done 10b. rking life, even if retired) ULFE	KIND OF BUSINESS OR INDU	MARY	LAND		J. S.
AMOS K.	RICHARDS	0N	14. MOTHER'S MAIDEN	GELINE	BYUS	
15. WAS DECEASEDEV (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT Fran	of L. Smith &	The second secon	yanlle, t.
Canditians, if a gave rise to cause (a), stating lying cause last	any, which immediate the under-	CARDIAS ERIO SCHE VA S	CULAR E			7 YEAR
CATIO	THER SIGNIFICANT CONDITIONS				GIVEN IN PART 1(o)	PERFORMED?
OR CONTRIBUTING	AS UNDERLYING (1) G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature at injury in	Part I or Part II of item IB.)		
20c. TIME OF INJU Hour a. m. p. m.		Not while fo	ACE OF INJURY (Home, farr ctary, street, affice bldg., etc		(Caunty)	(State)
21. I certify to alive on			accurred at 8-40	P.M. from the causes ADDRESS (Street, city or tow	s and an the do	aw the deceased the stated above DATE SIGN
PHYSICIAN'S NAME (Type)				/		•
220. BURIAL, CREMATI REMOVAL (Specify BURIAL	ON, 276. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town Baltimo)		(State)
23. FUNERAL DIRECTO	R'S ŞIGNATURE	ADDRESS	24a. REC		GISTRAR'S SIGNATU	RE

unerol director, M may be retained by the hospital or attending physicion.

TO FUNERAL DICTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death. VS AIS (4) 15M 9/55

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 EDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT Reg. Dist. No. EALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 I.C. CITYOR TOWN (If outside carparate limits, write RURAL and give nearest town) uneral a sined for te Boore HOSPITAL OR INSTITUTION (If not in hospital, give street, oddress) d. NAME OF 3. NAME OF DATE Month DECEASED (Type or print) DEATH October 5. SEX 6. COLOR OR RACE 9. AGE\*(In years MARRIED A NEVER MARRIED [ ] 8. DATE OF BIRTH IF UNDER TYEAR aut birthday) Months Days 50 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY Page BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14. MOTHER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Offi Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY used ical 200. EXTERNAL CAUSE WAS PRIMARY OF OF OCCUPANTION OF CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) factory, street, office bldg., etc.) While a. m. Not while at wark of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry [2] for ded i opinion death resulted from: Notural causes [ Accident ], Suicide | Homicide | Undetermined manner designated ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE AL AL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER Shoul BURIAL CREMATION 22b. DATE THEREOF 22d. LOCATION (City Jown or county) MOVAL (Specify) 0 THERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

IS RESIDENCE ON A FARM? YES NO

Year

IF UNDER 24 HRS.

Min.

19

PERFORMED?

DATE SIGNED

NO Z

(Stote)

Hours

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VS. A15ME(S) 5M 9/55

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writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director, age 4 should b	(1)	0
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		RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior ta burial, cremotion

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10979MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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		10	4	5	3
Reg.	Dist B	10	-	-	40

	1. 1	1. PLACE OF DEATH O. GOUNTY O. STAIL	RESIDENCE (Where deceased lived. If Institution: Residence before admission)
		Dalumore MARTIANO nu	asulate Bullings
	0	Ond give negrest fewn	OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	13	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STRE	LET ADDRESS   e. IS RESIDENCE
			ON A FARM?
	3. 1	3. NAME OF First Middle	Cast A. DATE Month Day Year
	(	(Type or print) John Vergel Aleea	Ol DEATH Oct 18 1958
	5. 5	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF 8	P. AGE (In years IF UNDER 14 HRS.    In the control of the control
	-	Male must widowed DIVORCED 10-	1 1886 72 yrs.
	)0a.	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY 11. BIRT during float of working life, even if retired)	THPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	13.		ER'S MAIDEN NAME
		Edward Userall Co	therie Haccek
	15. (Yes,	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unhapmn)   (If yes, give war or dates of service)   16. SOCIAL SECURITY NO. 17. INFORMANT	- p 1) 1/1 Address 6/7 10 p
		40 1320-09-0287 Wall	v BAutel, Neights Mill Road
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	Woodclollek Mile Kubetween ONSET AND DEATH
		IMMEDIATE CAUSE (o)	
		714x DUE TO Staneing by	Chair France He
		Conditions, if any, which gave rise to immediate couse	They we had a
		(o), stating the underlying DUE TO Course lost.	shed severele
	NO		TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	ICATION	ICATIC	PERFORMED? YES NO []
	CERTIFI	200. EXTERNAL CAUSE WAS PILMARY EDON CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of CAUSE OF DEATH).	of injury in Port I or Port II of item 18.)
		1 prod 1 prod 1	RY Wome, form, 120f (City) rown) (Copyrity) (State)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour P. m. 7 18 1958 at work of w	
		21. I certify that I took charge of the remains described above, held	an Autopsy . Inspection . Inquiry . and find that
		death resulted from: Natural causes, Accident, Suicide,	Homicide, Undetermined cause
		ACTUAL Start of the	DATE SIGNED
-		SIGNATURE M.D. CHI	EF MEDICAL EXAMINER
1		EXAMINER'S (1/A) K/E/F/E/F/E/F/E/F/E/F/E/F/E/F/E/F/E/F/E/	UTY MEDICAL EXAMINER DE OCT 18,58
	220.	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR'	Y 22d. LOCATION (City, town, or county) (Stote)
	1	BURIA! 10-21-190 8 MT. DIVE	RANDAlls lown Md
	23.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE atthur S. Kraua
	1-	1-C. Highnoon Ellicoll City, Md	DATE

			***   **   **   **   **   **   **   **	
			* . *	
		TOMPHONE.	7	
		Franklin Street	E P. S. St.	
	WITH SUPPLY PRINTS			
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VS A15 (4) 15M 10/57 0

	10	980	CERT	IFIC	ATE OF DEAT	Н		Reg. Dist. N	0954
. PLACE OF DEATH o. COUNTY	Balti	more	MAR	YLAND	2. USUAL RESIDENCE (Vo. STATE Mary)		d lived. If instituti b. COUNTY	an: Residence be	fare admission)
b. CITY OR TOWN (If a	rest town)	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (H		rote limits, write R		
d. NAME OF HOSPITAL	nsville	un strant	addrawa)		d. STREET ADDRESS	sville			
or institution Forest Have				esid	/	rizona	Ave.	mik S	e. IS RESIDENCE ON A FARM? YES NO
B. NAME OF DECEASED (Type or print)	Fin Joh		Middle T.		Eck Eck	4. DATE OF DEATH	Mon		Pay Year 1958
s. SEX			IED NEVER MARRI	IED [	B. DATE OF BIRTH		9. AGE (In years		R IF UNDER 24 HR
Male	White	WIDOWE			May 25, 187	7	lost birthdoy)	Manths Days	
a. USUAL OCCUPATION	(Give kind of work of	lane 10b.	4000		STRY 11. BIRTHPLACE (Stot			12. CITIZEN	OF WHAT COUNT
during most of working Agent-Reti	g me, even it rettred)		Insurance		Harford			USA	
. FATHER'S NAME			111001 01100		14. MOTHER'S MAIDEN		14.	000	*
Gott	clieb Eck					lhelmi	na Bush		
. WAS DECEASED EVER I	N U. S. ARMED FOR		SOCIAL SECURITY NO	0. 17. 1	NFORMANT	TITO TIME	Addi	ress	
es, no, or unknown  (If	yes, give war or dates of se	rvice)		Mr	. G. Clarence	Eck	Joppa Rd		ton, Md.
18. CAUSE OF DEATH	Finter only one cou								
		use per lin	ne far (a), (b), and (c)	.]				IN	TERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY:		le for (a), (b), and (c).	. C.	- NULH	70412	ke Ec	King IN	TERVAL BETWEEN NSET AND DEATH
PART I. DEATH	WAS CAUSED BY:			. C.	- pulh	TONP	kg Ea	KING	TERVAL BETWEEN NSET AND DEATH
PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO			5A		TONP	kg Eo	Kung IN	TERVAL BETWEEN NSET AND DEATH
PART 1. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO , which nediate		REPIT	SO	- puch	ORKU.	kg E0	Cales In	TERVAL BETWEEN VSET AND DEATH
PART 1. DEATH	WAS CAUSED BY: WMEDIATE CAUSE (a)  DUE TO  , which nediate punder:  DUE TO			SO		OBKU,	ug Ea 14-408	COLPA	TERVAL BETWEEN NSET AND DEATH
PART 1. DEATH  4 2 1  Conditions, if any gave rise to immacause (a), stating the lying cause lost.	WAS CAUSED BY: WMEDIATE CAUSE (a)  DUE TO  , which hediate bunder-  punder- (c)	P	REPIT	SO	conord	TON P	Kg EG	COLLA	NSET AND DEATH
PART 1. DEATH  4 2 1  Conditions, if any gave rise to imm cause (a), stating the lying cause lost.	WAS CAUSED BY: WMEDIATE CAUSE (a)  DUE TO  , which hediate bunder-  punder- (c)	P	REEM PREPIL Process	SO		TON P	Ky EG	COLLA	19. WAS AUTOPS PERFORMED?
PART I. DEATH  422.  Conditions, if any gave rise to imm cause (a), stating the lying cause lost.  PART II. OTHER	WAS CAUSED BY: MARDIATE CAUSE (a)  DUE TO  , which (b) nediate (b) E under-  R SIGNIFICANT COND	DITIONS C	REPARENTED ON TRIBUTING TO BE	SO ATH BUT	CERROTO IN THE TERM	TO BY AU		COLLA	19. WAS AUTOPS PERFORMED?
PART 1. DEATH  422.1  Conditions, if any gave rise to imm cause (a), stating the lying cause lost.  Part II. OTHER  20a. ACCIDENT WAS: OR CONTRIBUTING [IF EITHER, NOTIFY MI	WAS CAUSED BY: MARDIATE CAUSE (a)  DUE TO  , which (b) nediate (b) E under-  R SIGNIFICANT COND	DITIONS C	REPARENTED ON TRIBUTING TO BE	SO ATH BUT	conord	TO BY AU		COLLA	19. WAS AUTOPS
PART 1. DEATH  422.  Canditions, if any gave rise to imm cause (a), stating the lying cause lost.  Part II. OTHER  20a. ACCIDENT WAS: OR CONTRIBUTING [IF EITHER, NOTIFY MI	WAS CAUSED BY: MEDIATE CAUSE (a)  DUE TO  which ediate cunder:  R SIGNIFICANT COND  UNDERLYING [] I CAUSE OF DEATH EDICAL EXAMINER)	DITIONS C	CREE IN ONTRIBUTING TO BE	SO ATH BUT	NOT RELATED TO THE TERM  D. (Enter nature of injury in	MINAL DISEAS  Part 1 or Port	II of item 18.)	COLLA	19. WAS AUTOPSI PERFORMED? YES NO
PART 1. DEATH  4 2 2 1  Canditions, if any gave rise to imm cause (a), stating the lying cause lost.  Part II. OTHER  20a. ACCIDENT WAS: OR CONTRIBUTING [IF EITHER, NOTIFY MI	WAS CAUSED BY: MEDIATE CAUSE (a)  DUE TO  , which to under.  R SIGNIFICANT COND  UNDERLYING [] I CAUSE OF DEATH EDICAL EXAMINER)	DITIONS C	PREPARE ON TRIBUTING TO BE	SO ATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS  Part 1 or Port	II of item 18.)	COLPA (c)	19. WAS AUTOPS PERFORMED? YES NO E
PART 1. DEATH  Canditions, if any gave rise to immediate to immediate to immediate the second	WAS CAUSED BY: MADIATE CAUSE (a)  DUE TO  , which he diate to under:  R SIGNIFICANT COND  UNDERLYING [] I CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Yea  19	DITIONS C	CRIBE HOW INJURY O	SO ATH BUT	NOT RELATED TO THE TERM  D. (Enter nature of injury in ACE OF INJURY (Home, for clary, street, office bldg., et	MINAL DISEAS  Port 1 or Port  m.   20f. (City	or town)	COLPA (County	19. WAS AUTOPS PERFORMED? YES NO
PART I. DEATH  4 2 2 1  Conditions, if any gave rise to imm cause (a), stating the lying cause lost.  PART II. OTHER  20a. ACCIDENT WASOR CONTRIBUTING [IF EITHER, NOTIFY MI]  20c. TIME OF INJURY Haur o. m. p. m.  21. I certify that	WAS CAUSED BY: MADIATE CAUSE (a)  DUE TO  , which he diate to under:  R SIGNIFICANT COND  UNDERLYING [] I CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Yea  19	DITIONS C	ONTRIBUTING TO BE  RIBE HOW INJURY OF THE PROPERTY OF WATER TO BE	ATH BUT  CCCURREI  20e. PL  foc	NOT RELATED TO THE TERM  D. (Enter nature of injury in acce of INJURY (Home, for clary, street, office bldg., etc.)  1985, to.	MINAL DISEAS  Part 1 ar Part  m.   20f. (City	or town)	COLPA (County	19. WAS AUTOPS PERFORMED? YES NO E
PART 1. DEATH  Canditions, if any gave rise to immediate to immediate to immediate the second	WAS CAUSED BY: MADIATE CAUSE (a)  DUE TO  , which he diate to under:  R SIGNIFICANT COND  UNDERLYING [] I CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Yea  19	DITIONS C	ONTRIBUTING TO BE  RIBE HOW INJURY OF THE PROPERTY OF WATER TO BE	ATH BUT  CCCURREI  20e. PL  foc	NOT RELATED TO THE TERM  D. (Enter nature of injury in ACE OF INJURY (Home, for clary, street, office bldg., et	MINAL DISEAS  Port 1 or Port  m., 20f. (City c.)	or town)	(County  ,that I last s nd on the de	19. WAS AUTOPS PERFORMED? YES NO (State stated obcoming stated
PART 1. DEATH  4 2 2 1  Conditions, if any gave rise to imm cause (a), stating the lying cause lost.  PART II. OTHER  20a. ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY MI]  20c. TIME OF INJURY Hour o. m. p. m.  21. I certify that alive an	WAS CAUSED BY: MADIATE CAUSE (a)  DUE TO  , which he diate to under:  R SIGNIFICANT COND  UNDERLYING [] I CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Yea  19	DITIONS C	ONTRIBUTING TO BE  RIBE HOW INJURY OF THE PROPERTY OF WATER TO BE	ATH BUT  CCCURREI  20e. PL  foc	NOT RELATED TO THE TERM  D. (Enter nature of injury in acce of INJURY (Home, for clary, street, office bldg., etc.)  1985, to.	AINAL DISEAS  Part 1 or Port  To A Color  ADDRESS (SI	or town)  On the causes a reel, city ar town,	(County  ,that I last state)	19. WAS AUTOPS' PERFORMED? YES NO E
PART I. DEATH  Canditions, if any gave rise to imm cause (a), stating the lying cause lost.  Part II. OTHER  20a. ACCIDENT WAS: OR CONTRIBUTING [ (IF EITHER, NOTIFY MI)  20c. TIME OF INJURY Haur o. m. p. m.  21. I certify that alive an  ACTUAL SIGNATURE  PHYSICIAN'S	WAS CAUSED BY: MADIATE CAUSE (a)  DUE TO  , which he diate to under:  R SIGNIFICANT COND  UNDERLYING [] I CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Yea  19	DITIONS C	ONTRIBUTING TO BE  RIBE HOW INJURY OF THE PROPERTY OF WATER TO BE	ATH BUT  CCCURREI  20e. PL  foc	NOT RELATED TO THE TERM  D. (Enter nature of injury in acce of INJURY (Home, for clary, street, office bldg., etc.)  1985, to.	AINAL DISEAS  Part 1 or Port  To A Color  ADDRESS (SI	or town)	(County  ,that I last state)	19. WAS AUTOPS PERFORMED? YES NO (State of the decear of the stated obounded and stated obounded at the decear of the stated obounded at the stated ob
PART 1. DEATH  Conditions, if any gave rise to imm cause (a), stating the lying cause lost.  Part II. OTHER  20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY MI  20c. TIME OF INJURY Haur o. m. p. m.  21. I certify that alive an  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  To. BURIAL, CREMATION.	WAS CAUSED BY: MARCHATE CAUSE (a) DUE TO  Which he diate bunder: Call SIGNIFICANT COND  UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Yea  19 1 attended the	20b. DESC 20b. DESC r 20d. IN While at work decease	ONTRIBUTING TO BE  RIBE HOW INJURY OF THE PROPERTY OF WATER TO BE	ATH BUT  CCCURREI  20e. PU  fac  death	NOT RELATED TO THE TERM  D. (Enter nature of injury in  ACE OF INJURY (Home, for ctory, street, affice bldg., et  accourred at 32-44,  M.D. SEQ.	MINAL DISEAS  Part 1 or Port  To AM, from ADDRESS (SI	or town)  O, 1957  In the causes a reet, city ar town,  MALLIA D.S.	(County  (Co	19. WAS AUTOPS PERFORMED? YES NO (State of the state of t
PART I. DEATH  Canditions, if any gave rise to imm cause (a), stating the lying cause lost.  PART II. OTHER  200. ACCIDENT WAS: OR CONTRIBUTING E (IF EITHER, NOTIFY MI Hour o. m., p. m.  21. I certify that alive an  ACTUAL SIGNATURE  PHYSICIAN'S	WAS CAUSED BY: MARDIATE CAUSE (a) DUE TO  Which be under.  R SIGNIFICANT COND  UNDERLYING [] I CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Yeo  19 I attended the	20b. DESC 20b. DESC r 20d. IN While at work decease	ONTRIBUTING TO BE  RIBE HOW INJURY OF CHAPTER AND WORK TO BE THE PROPERTY OF CHAPTER AND WORK TO	ATH BUT  CCCURRED  COCCURRED  COC	NOT RELATED TO THE TERM  D. (Enter nature of injury in  ACE OF INJURY (Home, for ctory, street, affice bldg., et  accourred at 32-44,  M.D. SEQ.	MINAL DISEAS  Part 1 or Port  To AM, from ADDRESS (SI	or town)  O, 19:55  In the Causes a reet, city ar town,  O, 19:55  ION (City, town, c	(County)	19. WAS AUTOPS PERFORMED? YES NO (State of the decear of the stated obcompare stated)

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10981 **CERTIFICATE OF DEATH**  10955

	~ 0		140					Mag. Dist.	110.
1. PLACE OF DEATH  o. COUNTY  Baltimo	re		MARYLANI	- 11	usual residence (vo. STATE Maryla		lived. If institution b. COUNTY	ns Residence	before admission)
b. CITY OR TOWN (If of RURAL and give near Hort Ho	est lown)	s, write	c. LENGTH OF STAY IN 11	5	e. CITY OR TOWN (I	(00	rote limits, write RU	IRAL and giv	re nearest town)
d. NAME OF HOSPITAL OR INSTITUTION Veterar	(If not in hospital, gi	ve street	ion Hospital		d. STREET ADDRESS		Avenue		IS RESIDENCE     ON A FARM?     YES    NO
3. NAME OF DECEASED (Type or print)	Firs WILLI	it	Middle	E	ton CKHAR <b>DT</b>	4. DATE OF DEATH	Mont	h	Doy Year 16 19 58
5. SEX Male		7. MARR	NEVER MARRIED	-	ovember 9.	-	9. AGE (In years lost birthdoy)		YEAR IF UNDER 24 HRS. Pays Hours Min.
	(Give kind of work d	lone 10b.	KIND OF BUSINESS OR IN			te or foreign co	ountry)		EN OF WHAT COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME		A BITT	
Henry Eckhar	rdt				Mary Conn	elly			
15. WAS DECEASED EVER I	N U. S. ARMED FORCE yes, give wor or dates of te WW I	rvicel			RMANT n.Rec.,Vet	.Adm.Ho	spital,F		rd, Maryland
PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (o)  DUE TO  , which mediate e under:  DUE TO  (c)	BRO	ne for (o), (b), and (c).] NCHOPNEUMONI						INTERVAL BETWEEN UNKNOWN
			EASE - DURAT			RMINAL DISEASI	CONDITION GIVE	N IN PART	PERFORMED? YES NO
the state of the s	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (I	inter nature of injury i	in Part I or Part	II of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	VA 19	While of wor	k at work	foctory	OF INJURY (Home, fo r, street, office bldg., e	etc.)			ounty) (State)
ACTUAL SIGNATURE		a abbac	ed from Septemb coessand that dec fall	ath o		ADDRESS (St	the causes at reet, city or town, s	nd on the	
220 BURIAL, CREMATION REMOVAL (Specify) Burial	10-20		22c. NAME OF CEMETER				TON (City, town, o timore, M		nd (Stote)
23. FUNERAL DIRECTOR'S	SIGNATURE		6009 Harford	Ros	240. RE	ec'd by regist		TRAR'S SIGN	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DI VS A1S (4) 15M 9/55

13001 

.Cook- Tanad Lettor 7.

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10927 CERTIFICATE OF DEATH

10956

Reg. Dist. No.

			_										
	OUNTY Balt:	Lmore		MAR	YLAND	2. USUAL RESIDER	NCE (Wh	ere decease	d lived. If institut b. COUNTY		nce befo		ion
b. CI	ITY OR TOWN (If outs URAL and give nearest	de carporate limi town)	ts, write	c. LENGTH OF STAY	(IN 1b	c. CITY OR TO			orote limits, write f	RURAL and	give nec	arest town	1)
d. N	iame of Hospital (IF is institution A	not in hospital, g	nsdow			/ d. STREET ADD 28 Seco		ve.	Landsdo	wne			IDENCE FARM? NO
	ME OF EASED Du	rward Ge	orge	ELLIOTT	•	Last		4. DATE OF DEATH	Oct. 29,	nth	Do	,	Yeor 19 58
5. SEX	M 6. C	OLOR OR RACE	7. MARR	DIVORCE		Date of BIRTH	2779	891 5 <b>8</b> 7	9. AGE (In years lost birthday) O7 yrs.	Months Months	Days	Haurs	R 24 HRS. Min.
dur	OUAL OCCUPATION (Gring most of working line)  A Cold Maker HER'S NAME	ive kind of wark te, even if retired	)	ryland Gla					country)	12. CI		F WHAT	COUNTRY
		unl	known	1			knov						
1S. WAS	S DECEASED EVER IN I	J. S. ARMED FOR		SOCIAL SECURITY NO 3-01-4721		FORMANT bert Car	tyle	28	Se <b>dond</b> A	ress VO.			
Co go ca lyi	anditions, if ony, we over tise to immediate to immediate (o), stoling the using couse lost.	AS CAUSED BY: EDIATE CAUSE (o  DUE TO  hich liote hder: (c)	Ch	Coror	oted	Hypert	mo	ve (	CUD		ONS	? my	LO.
CERTIFICATION 41) 200 800 800	ACCIDENT WAS UN	DEPLYING [7]		CRIBE HOW INJURY C						VEN IN PAI	RT 1(o) 1	PERFO	NO D
	CONTRIBUTING C CEITHER, NOTIFY MEDI- TIME OF INJURY M. Haur o. m. p. m.		or 20d. IN While at wark	NJURY OCCURRED Nat while	20e. PLA	CE OF INJURY (Hai ary, street, office bl	me, form, ldg., etc.)	20f. (Cit	y or town)	(	(County)		(Stote)
ali SIG	TUAL NATURE SICIAN'S ME (Type)	est y	decease , 19_5		death Kas	, 19.53., accurred at 1/1 	10 530p	M, frai ADDRESS (S Maril	m the causes of treet, city ar town,	and an t	last so the da	te state	deceased ed abave. ATE SIGNED
REA	RIAL, CREMATION, 2 MOVAL (Specify) Burial	Nov. 3	, 195	J		CREMATORY L Cemeter			TION (City. town, timore, l			(Stote	e)
	eral director's sig. Cook, Inc		St.	Paul St.				OV 3		STRAR'S SI			

TO FUNERAL DI VS A15 (4) 15M 9/SS

		ASTRICA CERTIFICA	2011
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			Distriction Children
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	of the state of th		W. S. C. C. L. C.
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VS A15 (4) 15M 10/S7

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10982 **CERTIFICATE OF DEATH**

10957

Reg. Dist. No.

a. COUNTY	Baltimore		MARYLANI	11 0	2. USUAL RESIDENCE Where deceased lived. If institution: Residence before o o. STATE b. COUNTY  Marvland							
b. CITY OR TO	OWN (If outside corporate lim	its, write	c. LENGTH OF STAY IN 1	b 0	CITY OR TOWN (IF		prote limits, write R	URAL ond	nive neo	rest town	1)	
-	give nearest town)						A .	01-	1/		V	
	tonsville HOSPITAL (If not in hospital,	nive street o	oddress)		Baltimore  I. STREET ADDRESS	3 .		0/-	4	IC DEC	IDENICE	
OR INSTITU	JTION										FARM?	
	Caton Ridg	e Nur	sing Home		3104 Fer	ndale	Ave.			YES 🗌	NO 🔀	
3. NAME OF DECEASED		rst	Middle	37.7	Lost	4. DATE OF	Mor	ith	Da	у	Yeor	
(Type or print)	TILLI		W.		NGLAR	DEATH	OCTODE	er	7		19 58	
S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DA	E OF BIRTH		9. AGE (In years lost birthday)	IF UNDER			-	
Male	White	WIDOWE	Mark.	Jan	. 23, 197		88 yrs.	Months	Days	Hours	Min.	
10a. USUAL OCC during most	UPATION (Give kind of work of working life, even if retired	done 10b. I	CIND OF BUSINESS OR IN	DUSTRY	1. BIRTHPLACE (State	e or foreign o	country)	12. CIT	IZEN O	<b>€</b> WHAT	COUNTRY	
Steam	da		ggs Distler		New Win	dsor.	Md.	T	ISA			
13. FATHER'S NA	ME			14.	MOTHER'S MAIDEN							
	Wilson En	glar			Elizabeth	Ensor						
15. WAS DECEAS	ED EVER IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO. 17	. INFOR	AANT		Add	ress	1	0 1		
No	(If yes, give wor or dates of	-	Vone	Mag	Elizabet	h Eng	10- 3104	Ease	101	- 1		
	OF DEATH [Enter only one co			IVITS	Elizabel	ru Eus	1ar-3104	rer				
	I. DEATH WAS CAUSED BY:		ardiac .	to	iene				ONS	RVAL BE	DEATH	
420.	DUE TO	-										
Canditian	s, if any, which )	. (	nina.	The	whose				4	196	_	
gove rise	to immediate		, ,						-	0	,	
couse (o), s lying couse	toting the under-		Nove	au	mosel	leury			1	che	~~	
Z PART	II. OTHER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH B	UT NOT	ELATED TO THE TERA	MINAL DISEAS	E CONDITION GIV	EN IN PAR	1 1(0) 15	9. WAS	AUTOPSY	
3										PERFO YES	RMED?	
20a. ACCIDE OR CONTRIB (IF EITHER, N	NT WAS UNDERLYING DEUTING CAUSE OF DEATH SOTIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RRED. (Ent	er nature af injury in	Part I ar Par	t II af item 18.)					
N 20c. TIME OF	INJURY Manth, Doy, Ye	or 20d. IN	JURY OCCURRED 20e.	PLACE O	F INJURY (Home, far	m. 20f (Cit)	v or town)	10	ounty)		(Stote)	
Hour	o. m.	While	Not while	factory,	treet, office bldg., et	(c.)	0. 144111	"	Journey		(Siore)	
*	p. m. 19	ot work	at work									
21. I certi	ify that I attended the	decease	d fram Jan	5	1958, to	CU	7 1938	.that I I	ast sa	w the	deceased	
alive an_	oct 6	19 5	and that dea	th acci	rred at	M. from						
		0					treet, city or town.		ie dei		TE SIGNED	
ACTUAL	Parks	F	111		ē.	11		1	.1		. 19	
SIGNATURE_	COST	10	out of	M.D.		<u> </u>	2 601	no	120	ميح	1618	
PHYSICIAN'S NAME (Type	Cliff Rat	liff, .	Jr M.D.		4605	5 Edm	ondson A	ve.				
220. BURIAL, CRE	MATION, 226. DATE THEREC	)F	22c. NAME OF CEMETERY	OR CREA	MATORY	22d, LOCA	TION (City, town, o	or county!		(Stote	.1	
Burial	pecify) 10/9/19	58	Pipe Creel				rroll Cou		N	lary		
			CADORESS			1				- 4		
100						OCT 1 0		reluin &				
LIISWO	rth Armacost	-40UU	Liberty Hgl	nts.	AVE . DATE	nct 1 0	00	ACCAMILL TO	. / VM	notice"		

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VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10983 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 10958

o. COUNTY	Baltimore	MARYLAND	o. STATE Maryl		b. COUNTY Bal		rainission)
b. CITY OR TOWN II ond give nearest fower	t autside corporate limits, write RURAL )	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Balt)	oulside corporole			I town)
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in ho	spital, give street oddress)	d. STREET ADDRESS				S RESIDENCE
OO Route 40	- 7600 Pulaski	Highway	1620	Winford	Road		NO [
3. NAME OF DECEASED (Type or print)	First ALEXANDER	Middle KTRKPATRICE	Losi K ENGLISH	4. DATE OF DEATH	Month October	Doy 30	Yeor 1958
5. SEX Male	6. COLOR OR RACE 7. MARRI		DATE OF BIRTH		E (In years birthday)  Months  VFS.		INDER 24 HRS.
10a. USUAL OCCUPATI	ON (Give kind of work done 10b.  ng life, even if retired)  Life & asual	0	New Jerse  14. MOTHER'S MAIDEN N  Sarah	ey		TIZEN OF WH	HAT COUNTRY?
15. WAS DECEASED EV	/ER IN U. S. ARMED FORCES? 16.	A	NFORMANT Vrs. Isabel	English	Address 1620 l	Wintor	d Roga
PART I. DEA  45/  Conditions, if gove rise to imme (a), stoting the couse lost.	DUE TO  ony, which diote couse underlying DUE TO  (c)	ptured aneurys	zed arterios	clerosis		INTERVAL BI	DOBATH
PART II, OT	HER SIGNIFICANT CONDITIONS C	BE HOW INJURY OCCURRED. (I				YES E	RFORMED?
	INTRIBUTING [	SE HOW INJURY OCCURRED. (I	chier notice of injury in roll	T OF FORT IT OF THE	n 10.,		
20c. TIME OF INJU Hour o. m. p. m.	Whi	fact	CE OF INJURY (Home, form ory, street, office bldg., etc.		vn) (C	County)	(Stole)
	hat I taok charge of the resulted from: Natural Charles Charles S. Po	Couses K, Accident		Hamicide [],  KAMINER []  AL EXAMINER []	Undetermined	manner [	and in my TE SIGNED
Burial Burial	11/3/50	Balto Nati	onal Cem	Baltie		ryland	Stale)
23. FUNERAL DIRECTO		Harford Roa	1	3 '58	246. REGISTRAR'S		

97,712 MOS 11110 H71ABP

# MARYLAND STATE DESARTMENT OF REALTH-BALTIMORE, 18 AUDICAL EXAMINER'S CHETISICATE OF DEATH

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		- AND TAX PURIOR		
		The Date of	Property and	
			Telegraph of the second	
	NO 201 100 1 70 1	of the second	knite	
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	" Walter Tolking to			Altro solo si
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10984

CERTIFICATE OF DEATH

Reg. Dist. N. 10959

1.	PLACE OF DEATH			- 5 10			USUAL RESID	ENCE (W	here deceose	ed lived.	If institution	n: Reside	nce before o	odmission)
	Balt	timore			MARYLAND		o. STATE Ma	ryla	and	Ь.	COUNTY	MIX	impre	
	RURAL and give r		ts, write		OF STAY IN 16		c. CITY OR TO						A	
-	Tows		ina stanct		week		the deal and the		4 Bal	time	ore i	18	310	
		TAL (If not in hospital, g				13	d. STREET AL		0.7		CIT			S RESIDENCE
	Tows	on Convale	esen	t Hom	е		3021	N.	Calv	ert	St.		Y	ES NO NO
3.	NAME OF DECEASED (Type or print)	Fir Vothonino		ma Tri	Middle		lost		4. DATE OF DEATH		Mon	th 12-5	Day	Yeor
5	SEX	Katherine				le n	ATE OF BIRTH		DEATH		10-1	LZ-J	O I VEAR IE	19
1	female	white	WIDOW		DIVORCED		0-26-	1880	)	77	oirthdoy)	Months	Doys H	UNDER 24 HRS.
10	a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BU	ISINESS OR IND					country)		12. CI	TIZEN OF V	VHAT COUNTRY
	house	rking life, even if retired	)	home			Oh						U.S.A	
13	FATHER'S NAME	ATIC		HOME		1/	. MOTHER'S	-	NAME				O .D .D	
4						"	erd .							
		omas Evans						rorr	nia J	onns				
	es, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war ar dates of s		SOCIAL SECI		75	THAMS				Addr			4.Md
L	no		-		T	nom	as E.	Etz	zkorn	,408	3 Ala	abama	a Rd.	Towso
	18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for Jan (b)	). and (c).]	,	1		, ,				INTERV	AL BETWEEN
		ATH WAS CAUSED BY:		10/1	shed.	1	finn	n by	eses	-			ONSET	AND DEATH
	332x	IMMEDIATE CAUSE (o	47	UN P	year)	10	usu.		1				-~/	a wy
		DUE TO		St	//	11		1	111	'				
	Conditions, if		)	-14	und	111	yia.		101	-				
П	couse (o), stoting					/								
l.	lying couse last.	(c	}											
O	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTION	IG TO DEATH BU	TON TO	RELATED TO	THE TERM	INAL DISEA	SE COND	ITION GIV	EN IN PAR	RT 1(o) 19. V	WAS AUTOPSY PERFORMED?
3														S NO
CERTIFICATION	20a. ACCIDENT W	AS UNDERLYING C	20b. DES	CRIBE HOW	INJURY OCCUR	ED. (E	nter noture of	injury in	Port I or Po	rt II of ite	m 1B.)			
H H	(IF EITHER, NOTIF)	MEDICAL EXAMINER)												
1 ×	20c. TIME OF INJU	RY Month, Doy, Yes	pr 20d I	NJURY OCCL	IRRED 20e I	PLACE	OF INJURY (H	ome form	20f (Cit	y or town	1	- 1	County)	(Stote)
MEDICAL	Hour o.m.	19	While of wor	Not wh	nile	octory,	street, office	bldg., etc	:-)	, or 10 m	,	,	Coomy	(31016)
2			1		7/	1.	1.00	7	21-1-1	12/	12	/		
	21. I certify t	bat sattended the	9	0	SUM	21	1958	1 11	401					the deceased
	alive an_C	W-12-	., 190	0,0	nd that deal	h ac	curred at_	230	A.M. fra	m the d	auses a	nd on t	he date :	stated abave
П		All	,-	0'1.	10000		/	- ' /	ADDRESS (S					DATE SIGNED
	ACTUAL SIGNATURE	Lowbird	11	AMO	UVI	MD	2600	4 6	1013	311:	m 1	Stry	194	1111
	310IVATORE	1.	1	1000		_ M.D.		1-/01	- flest-fl-	W. W. Stel	4-42	Li-lf-		
	PHYSICIAN'S NAME (Type)	/												
22	O. BURIAL, CREMATIO	ON 22b. DATE THEREC	)F	22c NIA 14F	OF CEMETERY	00.00	EMATORY		224 1004	TION	ty, town, o			(54-4-1
1"	REMOVAL (Specify Burial	1				OR CK	EMATORT						7 Ma	(Stote)
-	Durial				dlawn					-		-	.7,Md	4 •
29	STOP NOT FILL BUTTE	merat Ser	rvic		SSYork.				D BY REGIS		24b. REGIS			
L	J. SCOULE	roots		T.OM.	son4,M	d.		DATECT	, 5 50	1	Cirth	ил 8. 9	Traces	
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**CERTIFICATE OF DEATH** 

Reg. Dist. No. 10961)

1. PLACE OF DEATH  o. COUNTY	Baltimore		MARYL	AND	o. STATE	pland		d lived. If instituti b. COUNTY			odmiss mor	
RURAL and give ne	f outside corporate lime carest town) ISSEX	its, write	c. LENGTH OF STAY IN	ч 1ь	1-1	TOWN (IF	outside corpo	prote limits, write R	URAL and g	ive near	rest town	n)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospitol, g 333 Oberl				d. STREET	ADDRESS	7 a A			1		FARM?
					222	Ober	le Av	enue			162	NO
3. NAME OF DECEASED (Type or print)	Ber		Middle Ann		Fergi		4. DATE OF DEATH	Mor Oct	ober	Doy 1	_	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARR	RIED TO NEVER MARRIED	8.	DATE OF BIRT	Н		9. AGE (In years	IF UNDER	1 YEAR	IF UND	ER 24 HRS.
Female	White	WIDOWI	ED DIVORCED		ept. 2	4. 18	82	10st birthdoy)	Months	Doys	Hours	Min.
Housewi	ing life, even it retired	done 10b.	KIND OF BUSINESS OR	INDUST	Ba	ltimo	re	ountry)	12. CITI		· A.	COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME					
	Adam L.	Woo	d		U	nknow	m					
15. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	ORMANT			Add	ress			
				Mrs	. M. J	ackso	n, 33	3 Oberle	Aver	iue,	ES	SEX
	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o	)	Pulmo	lix	o ele	man o	met	5.4.0			3 d	DEATH DEATH
gove rise to in couse (a), stating I lying couse lost.	nmediate   DUE TO	)	SAN COME		of ut	erus			'EN IN PART		O y	AUTOPSY
3	ocen,	aly ?	dalterios	cle	1050							RMED?
O THE ETHER, NOTIFY	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCC									
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yes	While	Not while k of work	focto	E OF INJURY I	Home, form e bldg., etc	.) 20f. (City	or town)	(C	ounty)		(Stote)
	at I attended the		-1	Au	1953	/	2 1					deceased
ACTUAL SIGNATURE	8	) 12 N	Ratl	M.	o. 43		ADDRESS (SI	n the causes of treet, city or town,	stote)	e date		ate signed
PHYSICIAN'S NAME (Type)	T. Jay P	LAT	T, M.D.		Z	Ba 1+	6.21	md.				
220. BURIAL, CREMATION	10-22-5		Baltimore					TION (City, town, o	or county)		(Stote	e)
23. FUNERAL DIRECTOR'S William Coo		1217	ADDRESS				D BY REGIST		STRAR'S SIG			

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10961 Reg. Dist. No.

	10986 CERTIFIC		IFIC	ATE OF DEATH		Reg. Dist. No.						
1, PL o.	ACE OF DEATH COUNTY Baltim	ore		MAI	RYLAND	2. USUAL RESIDENCE (WI o. STATE Marvla		f lived. If institution b. COUNTY			admission	n) /
b.		autside carparate lim	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If o		rate limits, write R	URAL and g	jive neare	st tawn)	-
	Fort H	oward. Md.		17 Days	3			Avenue,				
d.		L (If not in hospital,		et address)		d. STREET ADDRESS	00121.01	22 V O II de C	2 1/0 /		IS RESID	
		Administr	ratio	on Hospital		3709 B	eehler	Avenue	1011	7	ON A F.	
3. N	AME OF		rst	Midd		Lost	4. DATE	Mon	ah.	Day	Ye	
(T)	CEASED (pe or print)	MOI	E		-	FINKEISTEIN	OF DEATH	October		27		58
5. SE.	K	6. COLOR OR RACE	7. MA	RRIED NEVER MARI	RIED 🔲	8. DATE OF BIRTH		9. AGE (In years lgst birthdoy)	IF UNDER			
-	ale	White		WED DIVORC		November 25,		50 yrs.	Months	Doys	Hours	Min.
10o. I	JSUAL OCCUPATION	N (Give kind of working life, even if retired	done 10	b. KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (State	ar fareign co	untry)	12. CIT	IZEN OF	WHAT C	OUNTRY
	hipping C			Cleaning Co	mpan	y New York,	New Y	ork	U.	S. A	•	
13. FA	THER'S NAME		E			14. MOTHER'S MAIDEN N	MAME					
S	amuel Fin	kelstein				Esther Rose	nblatt	100000				
	AS DECEASED EVER	IN U. S. ARMED FOI	RCES? 1	6. SOCIAL SECURITY N	0. 17. 1	NFORMANT		Adde	ress			
Y	es	yes, give wor or dates of	(	055-01-5711	Cl	in.Rec., Vet.A	dm. Hos	pital.Ft	. Howa	rd, Mo	d.	
1	B. CAUSE OF DEAT	H [Enter only one co	ouse per	line far (a), (b), and (c	).]					INTER	AL BETV	VEEN
	PART I. DEATI	H WAS CAUSED BY:	7/7	YOCARDIAL I		CTION				ONSET	YEAR	EATH
	1120	DUE TO	-	100111111111111111111111111111111111111	212 6220	01.1011				12	TIME	
	Canditions, if any	/ unblah \	Co	DRONARY THE	ROMBO	CTC				그를	YEAR	20
	gave rise to im	mediate (	/	PROMET THE	COLID.C	OTO				12	TTIME	. W
	cause (a), stating th lying cause last.	e under-										
- 1			7	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAI DISEASE	CONDITION GIV	FN IN PART	1(0) 19	WAS ALI	TOPSY
CATION									EIN IIV I AKI		PERFORA	AED?
CER (	Ga. ACCIDENT WAS DR CONTRIBUTING [ F EITHER, NOTIFY W	CAUSE OF DEATH	20b. DE	ESCRIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in I	Port I ar Port	It of item 18.)				
MEDICAL	)c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Ye	Whil	INJURY OCCURRED  le Not while ork of work	20e. PL fo	ACE OF INJURY (Home, form ctary, street, affice bldg., etc.	20f. (City	or tawn)	(C	ounty)		(State)
2	1. I certify tho	t X attended the	deced	sed from Octo	ber	10_, 158_, to_0c	tober	27. 19 58	. MANY N	MON XON	CHEXIXE	Me No
diam'r.	NIXEC ON CXXXXXX		CXXXIO	CXXXXX and the	t death	occurred at 3:20P	- M from	the causes of	nd on th	e date	totad	above
A	CTUAL OLD	ahen f	ola	01		M.D. VA HSSPITA	ADDRESS (St	reet, city or town,	state)			SIGNED
	HYSICIAN'S ABI	RAHAM POLA	CHE			t Chief, Medic						ap so cil
no. Re	URIAL, CREMATION EMOVAL (Specify)			Beth Isr	METERY O	R CREMATORY	22d. LOCAT	ridge, N		rsey	(State)	
						- 44				- 4		
23. FL	INERAL DIRECTOR'S	Tno 2100	T.	ADDRESS	Ralti	0	CT 2 9	EO .	TRAR'S SIG		4	15

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10987

**CERTIFICATE OF DEATH** 

10962 Rea. Dist. No

1. PLACE OF DEATH 3 altring one MARYLAND	2. USUAL RESIDENCE (Where decoased lived. If institution: Residen a. STATE  May ( a. ) b. COUNTY	ce before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hyspital, give street address) OR INSTITUTION Mary Land lese	d. STREET ADDRESS mary-land are	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Harry First Clydle	Finder 4. DATE OF Month	Day Year 1958
MIDOWED DIVORCED	140chter 1878   lost birthday) Months	Page Hours Min.
100. USBAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIAN MORNING LIFE, even if retired)	phowing onto 6 ly	IZEN OF WHAT COUNTRY
13. FATHER'S NAME. Malliany Hassing Fisher	14. MOTHER'S MAIDEN NAME!	ce
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos. no. or ynknewn) (If yes, give wor or dates of service)	WINFORMANT - Address Shire	_
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Jacluse - C.O.	INTERVAL BETWEEN ONSET AND DEATH SELLI LESLES
Canditions, if any, which) (b) Corenary	artery desease	2445
gave rise to immediate cause (a), stating the under- lying cause last.  DUE TO  (c) Circlet Control of the cause (a)	lus Ver cardes Carcular desse	24 5415
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH UNIFERRAL CONTRIBUTING CAUSE OF DEATH UNIFERRAL CAUSE OF DEATH UNIFERR	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I or Part II of item 18.)	
	ACE OF INJURY (Hame, farm, ctory, street, affice bldg., etc.)	County) (State)
21. I certify that I attended the deceased from Africa	, 196, to Jeff, 199, that I occurred at 24M, from the causes and on the	last saw the deceased
ACTUAL Maldin T- / Cees	ADDRESS (Street, city or jown, state)	DATE SIGNED
PHYSICIAN'S Walter T. KEES	Cockepoille	mel
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O  BUR121 10-9-58 Poplar Gr		(State) Md.
23. FUNERAL DIRECTOR'S SIGNATURE  L. SLOUT DE ONTO 622 YORK Rd., TOWSON	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIG	CHATURE

VS A15 (4) 15M 9/55

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		Mark Mark		
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			Salara Salara	
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	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18	10964
10988	CEDTIEICATE	OF DEATH		

		CERTII	ICAI	L OI DEAII			Reg. Dist	t. No.	
1. PLACE OF DEATH O. COUNTY Baltimore		MARYLA	- 11	usual RESIDENCE (WI o. STATE Maryland	nere decease	d lived. If institution b. COUNTY	on: Residence	e before a	dmission)
b. CITY OR TOWN (If outside corpo RURAL and give nearest town)	rote limits, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (IF o	outside corpo	rote limits, write R	URAL and gi	ive nearest	town)
Fort Howard		27 Days		Baltimore		3	VOI	- 4	
d. NAME OF HOSPITAL (If not in he OR INSTITUTION				d. STREET ADDRESS					RESIDENCE ON A FARM?
	tration	Hospital		1918 Hope	Stree	et		YE	S NO X
3. NAME OF DECEASED (Type or print)	First SEPH	Middle	F	Lost ISHER	4. DATE OF DEATH	October	th	Doy 28	Yeor 19 58
		RIED X NEVER MARRIED		ATE OF BIRTH	1	9. AGE (In years	IF UNDER 1		UNDER 24 HRS.
Male White	WIDOW	DIVORCED	□ Ju	ly 24, 1921		37 yrs.		-	ours Min.
10a. USUAL OCCUPATION (Give kind of during most of working life, even in	retired)						4		HAT COUNTRY?
Mechanic 13. FATHER'S NAME	R	efrigeration		Baltimore,		Land	U.	S. A	• •
George A. Fisher				Alice L. Sc		er			
15. WAS DECEASED EVER IN U. S. ARM		SOCIAL SECURITY NO.	17. INFO		121,02,0	Addi	ress		
Yes WW II		16-12-9466	Clir	.Rec., Vet.	Adm. Ho	spital,F	t.Howa	rd, "a	aryland
18. CAUSE OF DEATH [Enter on!	one couse per li	ne for (o), (b), and (c).]							AL BETWEEN
PART I. DEATH WAS CAUS	ED BY: BRA	IN TUMOR, R	IGHT	FRONTAL LOI	BE.				onths
237 X	DUE TO							1 100	Muus
Conditions, if ony, which )									
gave rise to immediate	(b)								
couse (a), stating the under-	DUE TO								
Z lying couse lost.	(c)	CANTRIBUTING TO BEAT						I I I	
PART II. OTHER SIGNIFICAL PULMONARY EDEMA		ESTION. HYP			DISEAS	-	EN IN PART	PI	VAS AUTOPSY ERFORMED?
PART II. OTHER SIGNIFICAL PULMONARY EDEMA 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING II CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM		CRIBE HOW INJURY OCC			Port I ar Par	t II af item 18.)			
(IF ETIMER, NOTIFY MEDICAL EXAM									
20c. TIME OF INJURY Manth, D Hour a.m.	ay, Year 20d. II While ot war	Not while		OF INJURY (Home, farm street, office bldg., etc.		or town)	(Co	ounty)	(State)
VA				۲٥ ٥-١	h a la a a a	00 F0	VVVVV		
21. I certify that tottend				, 19 58 , to Oct				THE PARTY OF	the decement
MINORAX XXX XXX XXX	CXXXXXXXXXXXX	XXXXX and that d	eath oc	orred of 6:274	A.M. fron	n the causes o	nd an the	e date s	toted above.
(7)	110-1	-			ADDRESS (SI	reet, city or town,	state)		DATE SIGNED
SIGNATURE SIGNATURE	El I	The	M.D.	VA HOSPIT	AL. FO	RT HOWAR	D. MAR	RYLANI	0 10/28/
						20212121222			
PHYSICIAN'S NAME (Type) CHTEN WE	LIAN M	D.		VAH. FORT	HOWARI	MARYLA	ND		
220. BURIAL, CREMATION, 22b. DATE	THEREOF	22c. NAME OF CEMETI	RY OR CR		22d. LOCAT	ION (City, town, o	or county)		(Stote)
REMOVAL (Specify) Burial	1-50	Baltimore	Nat:	ional Cem.		more, Ma			
23. FUNERAL DIRECTOR'S SIGNATURE	Pull ?	ADDRESS Har	ford	240 REC'I	BY REGIST		RAR'S SIGN		
I George J. Ruth.	Inc.	Baltimon	e, Mo	DATE	ST 31	58 a	thun S.	Kraue	

arthur S. Kraue

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10989 CERTIFICATE OF DEATH

Reg. Dist. No. 10965

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYL	AND		ence (wh		d lived. If institut b. COUNTY		nce before	odmissi	on)
b. CITY OR TOWN (I RURAL and give ne Wood		write	c. LENGTH OF STAY II	ИЪ		_	utside corpo	rote limits, write l		give near		V
	AL (If not in hospital, giv	0 111001 0	oddenus)		Pasa d. STREET A				U		-	
OK INSTITUTION	outhland Ro		(duless)		Box 316		oute 1					PARM?
3. NAME OF DECEASED	First		Middle		losi		4. DATE	Moi	oth	Day	Y	eor
(Type or print)	MILDR	ED	REA	1	FO	os	OF DEATH	Octob	er	28		958
5. SEX	6. COLOR OR RACE	MARRI	ED NEVER MARRIED	0 0	B. DATE OF BIRTH	1		9. AGE (In years		1 YEAR	F UNDE	R 24 HRS.
Female	White	VIDOWE	D DIVORCED		January	7, 18	895	last birthday) 63 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work do ting life, even if retired)	ne 10b. I	CIND OF BUSINESS OR							TIZEN OF	WHAT	COUNTRY?
Clerk	ang me, even is remedy				Balti	more	Ma	ryland	T	ISA		
13. FATHER'S NAME					14. MOTHER'S			.I ylailu		DA		
	Howard Sha	w			Ida	May	Tryne					
15. WAS DECEASED EVER	R IN U. S. ARMED FORCE	S? 16. S	OCIAL SECURITY NO.	17. IN	FORMANT				cess			
No (Yes, no, or unknown)	(If yes, give war or dates of serv		12005-9024	,	Vernon	Fred	Fores	st Glen- s-Box31	Pasa	dena	, M	d.
	TH [Enter only one caus			51	vermon	FIEU	00.7	S-DOX31	0 - H		VAL BET	TAVEENI
	TH WAS CAUSED BY:		Marana	7711	Short	a le				ONSE	TAND	PEATH
420,1	DUE TO		Coma	7	ANNO	1100	aca -	4		1	21	our
Conditions, if an	nmediate	-										
codse (o), stoting (												
lying couse last.	) (c)_											
PART II. OTH	ER SIGNIFICANT CONDI	TIONS CO	ONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO	THETERMIN	NAL DISEASI	CONDITION GIV	EN IN PAR	T 1(o) 19.	WAS A	UTOPSY MED?
5											res 🔲	
UL (IF EITHER, NOTIFY	S UNDERLYING   20 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY OCC	CURRED	. (Enter noture of	injury in P	art I or Part	11 of item 18.)				
Y 20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Day, Year 19	While	JURY OCCURRED Not while of work	Oe. PLA fact	CE OF INJURY (Fory, street, office	tome, farm, bldg., etc.)	20f. (City	or town)	(4	County)		(State)
21. I certify the	at I attended the d	ecense	d from		19.40	ta	ACN	28, 1958	thet t	lmat :=	. 41	
alive an DO	N28	10.5		la mala		Q HO	14.32 M	1 120	, mai 1	last saw	the c	deceased
dilye dilC.L		, 1262	e,, and that o	leath	accurred at	17/19	_M, from	the causes o	ind an t	he date	state	d abave.
ACTUAL /	1-011	111	2				ABBUERS (2)	ger Stre	riolel		DA	E SIGNED
SIGNATURE	With the	110	ruma.	N	I.D	10 28	ist ma	ger prie	eu		10-	29-00
PHYSICIAN'S NAME (Type)	Harold	н.	Burns, M.D.				Balt	imore 2,	Mary	land		
22a. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF		22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCAT	ION (City, town, o	or county)		(State)	
Burial	10/31/19	58	Woodlawn	Cer	metery		Woo	dlawn	Λ	/arv	land	70.00
23. FUNERAL DIRECTOR'S	and the	ma	ADDRESS				BY REGIST		STRAR'S SIG	SNATURE		11/4
Ellsworth .	Armacost-4	1600	Liberty H	ghts	Ave.	DATENOV	3 '58	and	hun S.	Traud		

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Zan III. Omst V	Tall (capalitate)			
	Low May Mayus		MARIA TENION BY DESIRE CHE STATE	
			COLUMN TO THE	
The Waster Comments				

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cate should be executed within 24 hours after death. If any delay is necessary, please	ending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page	Il Examiner's Office along with farm PM3. Page 5 may be retained for	sed as a burial-transit permit. File pages I and 2 with the State Baar of Health,	emation, or removal, and in any event within 72 haurs after death.	(

1 STATE	Items	MARYL 10990ME	DICA	L EXAMINER		EALTH—BAL		18 A	0966
H DEPT.	PLACE OF DEATH O. COUNTY Bal	timore		MARYLAN	07.77	ENCE (Where decease	d lived. If institu		fore odmission) George
(制)	b. CITY OR TOWN (II and give neorest town) Catons		RURAL	c. LENGTH OF STAY IN 1  2 yr 6 m th 7 dy		OWN (If outside corp			
14	d. NAME OF HOSPITA			pital, give street address) HOSPITAL	d. STREET AD			. E.	e. IS RESIDENCE ON A FARM? YES NO
deat to	3. NAME OF DECEASED (Type or print)	Will:		Middle	Frederick	4. DATE OF DEATH	Mont	/	Yeor 19 58
aurs off	5. SEX male	6. COLOR OR RACE White	7. MARRIE	DIVORCED DIVORCED	B. DATE OF BIRTH  July 4,	1878 1868	9. AGE (In years last birthday)  900 yrs.	IF UNDER 1YEAR Months Days	IF UNDER 24 HRS. Hours Min.
T The state of the	minister  13. FATHER'S NAME	g life, even if ratired)		ind of Business or Indi ethodist Chur	ch Penn	alden NAME	untry)	U. S	A.
nd in any even	18. CAUSE OF DEAT		Ur	ıknown	Records:	SPRING G	Address OVE STA	ATE HOSP	TTAL
idian, of removal, a	Conditions, if or gove rise to immed (o), storing the vacuus lost.	DUE TO  ty, which to	Contions co	ander (  entributing to DEATIFE	racte t NOT RELATED TO TH	elas de la	iseau on fles	VIEW IN PART 1(0) 19	9. WAS AUTOPSY PERFORMED?
E o o o o o o o o o o o o o o o o o o o	200. EXTERNAL CAU FRIMARY OF CON CAUSE OF DEATH.	SE WAS 200	na suc	HOW INJURY OCCURRED	IT to LTOO	er sustaini	ng irac.	eked by a	nother pt
03	20c. TIME OF INJUR 8 Hayer 22.	9-9-58 19	While		LACE OF INJURY (Ho iclory, treet, office b OSpital	ldg., etc.)		(County)  Maryla	(Slote)
ogent,				emains described al auses [], Accident			-		,

ACTUAL SIGNATURE EXAMINER'S NAME (Type) George M. Kieffer, M. D.

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

10-2-58

DATE SIGNED

220. BURIAL, CREMATION. 226. DATE THEREOF REMOVAL (Specify)

22d. LOCATION (City, town, or equally)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

40 REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Orthun S. Kraus

VS. A15ME 5M 2/57

# NO STATE DEPARTMENT OF BEALTH BATHWORK, HE STATE OF DEATH STATE OF DEATH

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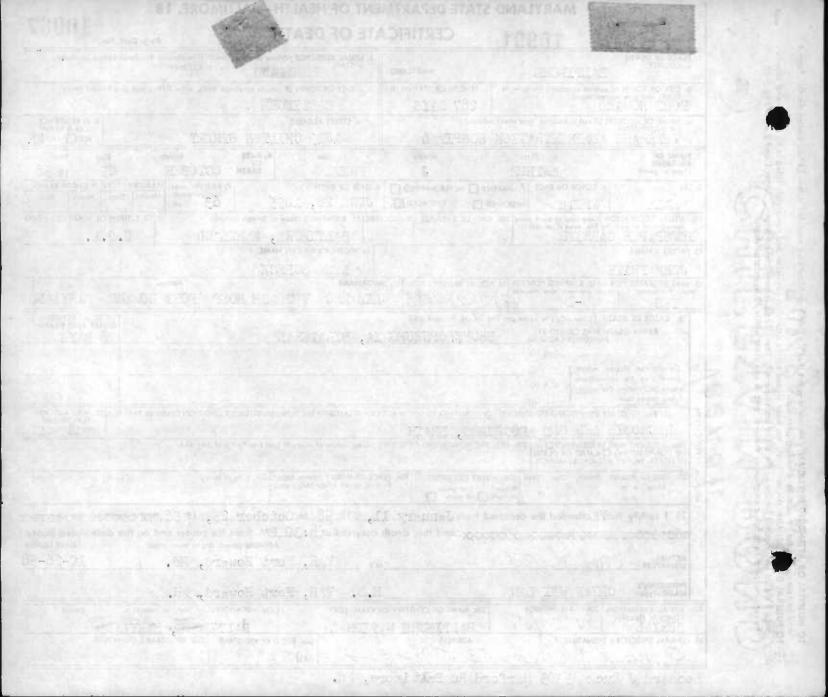
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10967

31111	109	191	CERTIFIC	AIE OF D	EATH		45	Reg. Dis	it. No.	10	
o. COUNTY	BALTIMORE		MARYLAND	O STATE	MARYL	44	d lived. If institution b. COUNTY	on: Residen	ce befor	re admiss	ion)
	If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If or	utside carpo	rote limits, write R	URAL ond g	give neo	rest town	1)
FORT HOWA	RD		287 DAYS	BAI	LTIMO	RE			3	VO1.	4
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	give street	oddress)	d. STREET A	DDRESS					e. IS RES	IDENCE
VETERANS	ADMINISTR	ATION	HOSPITAL	181	3 CHI	LTON S	STREET				FARM?
. NAME OF	Fi	rst	Middle	Lost		4. DATE	Mon	th	Da	Y	Year
(Type or print)	ARTI	HUR	J	FRITZ	27.0	OF DEATH	OCTOBER	2	25		19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		1000	9. AGE (In years	IF UNDER			
MALE	WHITE	WIDOW	7467	JUNE 28	, 189	5	63 yrs.	Months	Days	Hours	Min,
00. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPL	CE (State of	or foreign co	ountry)	12. CIT	ZEN O	F WHAT	COUNTRY
NEWSPAPER	king life, even if refired	"		BALT	IMORE	MAR	YLAND	T	J.S.	A.	
3. FATHER'S NAME				14. MOTHER'S		-					
JOHN FRIT	7.			T.ENA	SCHE	CK					
5. WAS DECEASED EVE	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress			
YES	[If yes, give wor or dates of s	ervice)	15-17-4083 0	CLIN REC	VET 1	ADM HO	OSP FORT	HOWA	RD	MAR	YLAND
		ouse per li	ne for (o), (b), and (c).]							RVAL BE	TWEEN
	ATH WAS CAUSED BY:		BRONCHOPNEUMON	TA DTT 45	TAGG					ET AND	DEATH
Conditions, if c gave rise ta couse (a), stating tying couse last.	the under-	)									
PART II. OT NECROSI			CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	T 1(o) 1	PERFO	RMED?
20a. ACCIDENT W	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURRI	ED. (Enter nature of	injury in P	ort I or Por	t II of item 18.)			125 [2]	NO 🗌
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	While	l.	LACE OF INJURY (Hoctory, street, office			or town)	(C	ounty)		(Stote)
			ed from January								
MOSCOSOS	0000000000	X3/CXCX	BOGOC, and that death	h occurred at 1					ne dat		
ACTUAL / 1	10.00 VIL-	+1	, /	77.47			treet, city or town,				ATE SIGNED
SIGNATURE	July 6 11	Jaco	1	M.D. VAJ	H, FOI	rt Ho	ward, Md.			TO	-26-58
PHYSICIAN'S NAME (Type)	CHIEN WEI	LAN		M.D. VAI	H, For	rt Hov	ward, Md.				
220. BURIAL, CREMATIC		F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	TION (City, town, o	or county)		(State	e)
BURIAL Specify	10/29/	5	BALTIMORE N	ATTONAL.		BA	LTIMORE.	MARYI	LANT	)	
23. FUNERAL DIRECTOR	'S SIGNATURE	0	ADDRESS //	10		BY REGIST					1000
Le ma.	VIVII	26	Dar / Hring	4	- ACT	2 9 158	0.11	. n 8 sty			

Ruck 5305 Harford Rd Baltimore, Md.

TO HOSPITAL OR VS A15 (4) 15M 9/55



## FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary please execute the certificate within 31 head of the funeral district. Page 4 shauld be founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Sfare Board of Health, or its designated agent, prior to burial, crematian, or remayal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57 I

MARYLAND	STATE	DEPARTMEN	NT OF	HEALTH-	-BALTIM	ORE, 1	1
MEDICA	AL EX	AMINER'S	CERT	IFICATE	OF DE	ATH	

	MEDIC	WE EVAMILIAEK 2	CERTIFICATE	Reg.	Dist. No.1 11 QCQ
1. PLACE OF DEATH o. COUNTY	10552 Baltimore	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE Maryland	eceased lived. If institution: Resi b. COUNTY	idence before admission) Baltimore
b. CITY OR TOWN and give nearest to Towson		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside 55 Towson	e corporole limits, write RURAL a	and give neorest town)
COLUMN TO SERVICE AND ADDRESS OF THE PARTY O	PITAL OR INSTITUTION (If not in rke Avenue	hospital, give street address)	d. STREET ADDRESS  228 Burke Ave	nue	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First H <b>ARRY</b>	Middle L. FUI	LLER Lost 4. DA	ATH October	Doy Yeor 7 3/ 19.58
s. sex Male		RRIED NEVER MARRIED B.	February 17,1978		ER TYEAR IF UNDER 24 HRS. Days Hours Min.
ouring most of wo Postman-	rking life, even if retired)	s. Rind of Business or Industr S.Post Office De		ign country) 12. C	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
John	T. Fuller		Julia A. Bay	me	
15. WAS DECEASED	EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. M	NFORMANT	Address	
No	None	Mr	s. Harry L. Full	Ler, Towson, Md.	
Canditions, if gave rise to im (a), stating the cause last.	ony, which (b)	Oxonort.	Insute.	ency	4 7/5/S
OT OT OT	OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT N	FOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PA	PERFORMED? YES NO
	CAUSE WAS CONTRIBUTING (20b. DESC	RIBE HOW INJURY OCCURRED. (E	nler noture of injury in Port I or P	ort II of ilem 18.)	
20c. TIME OF IN Hour a.	m. V	od. INJURY OCCURRED 20e. PLAC Vhile Nat while factors of work	CE OF INJURY (Home, form, 20f. ory, street, office bldg., etc.)	(City or town) (C	County) (Slote)
		Accident [		cide, Undetermined	
220. BURIAL CREMA REMOVAL (Special	Nov. 3,1958	22c. NAME OF CEMETERY OR Porspect Hill		OCATION (City, town, or county	(State)
23. FUNERAL DIRECT	or's signature Burns! Sons, Tow	son, Maryland	DANOV 5	egistrar 246. Registrar's s 258 arthur &	

MARARAND STREET BEATH SEED STHEMMENDAL MEDICAL EXAMINER'S OFFITEIGATE OF DEATH

Anna Cont. The Townstold and Co. M. SELECTION OF STATE OF

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VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10993

**CERTIFICATE OF DEATH** 

10969

Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY SALTO: MARYLAND	6. STATE MD b. COUNTY BALTO.
	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	RUPAL TOWSON 18	X KURAL TOWSON
	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
	6408 MURRAY HILL RD	6408 MURRAYHILLRY, VES NO NO
	3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
	(Type or print) EARL P (JALLET	TER DEATH OCT 31 1958
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.
	MALE WHILE WIDOWED DIVORCED	MAY 30 1892 66 yrs.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 12. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	BANKER XIERCANTILE	FILLSBURG PA OSA.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	MOMAS WELLER GALLEHEI	R ANNA POTTER
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address D. / ////
		KARIP. GALLEHERUR 1009 TOPLAR HILL
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ANTERVAL BETWEEN ONSET AND DEATH
Л	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	is lerewise 2-3 curs
	420. DUE TO effective	le reduce
	Conditions, if ony, which) (b)	long of the state
	gave rise to immediate couse (a), stating the under-	The second of th
1	lying couse lost. (c) Caronari	1 Certery Desidel
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING   CAUSE OF DEATH   CAUSE OF DEATH   CONTRIBUTING   CAUSE OF DEATH   CONTRIBUTING TO DEATH BUT  206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED   CONTRIBUTING TO DEATH BUT  207. ACCIDENT WAS UNDERLYING   CONTRIBUTING TO DEATH BUT  208. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   CONTRIBUTING TO DEATH BUT  209. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   CONTRIBUTING TO DEATH BUT  209. DESCRIBE HOW INJURY OCCURRED TO CONTRIBUTING TO DEATH BUT  209. DESCRIBE HOW INJURY OCCURRED TO CONTRIBUTING TO DEATH BUT  209. DESCRIBE HOW INJURY OCCURRED TO CONTRIBUTING TO DEATH BUT  209. DESCRIBE HOW INJURY OCCURRED TO CONTRIBUTING TO DEATH BUT  209. DESCRIBE HOW INJURY OCCURRED TO CONTRIBUTING TO CONTRIBUTION TO CONTRIBUTING TO CONTRIBUTION TO CONTRIBUTING TO CONTRIBUTION TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTI	PERFORMED? YES NO D
1	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)
- 1		
		ACE OF INJURY (Home, form, 20f. (City or lawn) (County) (State)
	Maur a. m.  Not white to wark at wark at wark at wark at wark	isory, area, arise stugs, etc.)
	21. I certify that I attended the deceased from Israel	
	60+21	occurred at A.M., from the causes and on the date stated above.
	mal 1/1 0	ADDRESS (Street, city or town, state)  DATE SIGNED
/	SIGNATURE / LORGY	MD 1403 Park Rive
/	11/1/11/1	A LI
	PHYSICIAN'S NAME (Type)	Belkinere // mo
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	CREMATORY 22d. LOCATION (Çity, town, or county) (State)
	CHANNAL NOV 3, 1958 LOUDON	PARK Ballo. Ind
1	3. PUNERAL PIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	TUREND ATMOLD 4905 YOR	A Ta DATE NOV 5 '58 arthur S. Kraus

HTARE TO STADISTINSO - ERESUL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 10994 director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed · Maryland b. COUNTY Baltimore Baltimore MARYLAND erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pe RURAL and give nearest lown) Mos. Rodgers Forge Rodgers Forge offer d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? by 7002 York Road 7002 York Road YES NO TO 2 NAME OF First Middle 4. DATE Manth Year filled Gebb (Lillian L. Gebb October 21 DEATH 58 10 9. AGE (In years last birthday) 82 yrs. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Female White WIDOWED DIVORCED T cample 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife At Home Baltimore Maryland puo USA Offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician COL Charles F. Messer Fannie Koenig 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Clarence C. Gebb(son) 7002 York Road-Z12 attending No. . . None... 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 0 Umonth DUE TO p i. Conditions, if ony, which ony gove rise to immediate Dec DUF TO couse (o), sloting the underlying cause lost. burial-transit CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) o. m. While Not while of work at work n m 21. I certify that I attended the deceased fram. 195 that I last saw the deceased detoched and that death accurred at\_\_\_\_\_M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE 20 Chase Street DIR 5 P Dr. Samuel Morrison PHYSICIAN'S egistror FUNERAL NAME (Type) co 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge (State) Oct. 24-58 Parkwood Cemetery Baltimore Maryland 0 23 PUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 1300 Eutaw Phacepare OCT 2 3 '58 15M 10/57 .Wippert

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VS A15 (4) 15M 10/57

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	10	995	CERTIFIC	ATE OF	DEATH	1		Reg. D	st. No.		
1. PLACE OF DEATH o. COUNTY	Baltimo	re	MARYLAND	2. USUAL RES		nere deceased I	ived. If instituti b. COUNTY		Bal		ion)
b. CITY OR TOWN (III RURAL ond give no Luthervi	outside corporate lim crest town) TIE	its, write	c. LENGTH OF STAY IN 16		town (IF cervi		le limits, write R	URAL ond	give nea	rest town	1)
d. NAME OF HOSPIT	AL (If not in hospitol, quenchill	Rd •	oddress)	/d. STREET		nhill	Rđ.				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Anna		Mae Mae	G <b>e</b> i		4. DATE OF DEATH	Oct.		Doy 1	'n	Yeor 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARR	RIED P NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRT		9.	AGE (In years lost birthday) 70 yrs.	IF UNDER	Doys Doys		R 24 HRS. Min.
10a. USUAL OCCUPATIO during most of work Hous	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHP		or foreign cour	ntry)	12. CI	US		COUNTRY
13. FATHER'S NAME				14. MOTHER'S	MAIDEN	IAME					
Charles	M. Gill			L.	Virg	inia A	kehurs	t			
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Adde	ress			
No	No	ervice)	None M	iss.Jes	se G	111	Luther	vill	е,	Md.	
Conditions, if on gove rise to in couse (o), stoting a lying couse lost.  Part II. OTH	IH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  TO, which he under.  ER SIGNIFICANT CON  Secure	DITIONS	7	mores	1/2	- m	209	elessa EN IN PAR	onsi 2	PERFO	AUTOPSY RMED?
	MEDICAL EXAMINER)	V	CRIBE HOW INJURY OCCURR								
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While	NJURY OCCURRED 20e. P	PLACE OF INJURY I	Home, form e bldg., etc	, 20f. (City or	fown)	- (	County)		(Stote)
21. I certify the alive on	ADDRESS (Signal, city or town, stote)  ACTUAL  ADDRESS (Signal, city or town, stote)  DATE SIGNED										
PHYSICIAN'S NAME (Type)	ames (	3. 7	\$affell M.		15 t	enst	PYN	Mol		D - 1.	3-07
220. BURIAL, CREMATION REMOVAL (Specify) Burial	Oct.1		2 Geist Cen				N (City, town, o			(Stote Md	
23. FUNERAL DIRECTOR'S  J.F.Elin		Re	isterstown,	Md.		BY REGISTRA	R 24b. REGIS				

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VS A15 (4)

15M 10/57

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INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

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1. PLACE OF DEATH
o. COUNTY

ge 4	may be retained by the hospital ar attending physician.  TO FUNERAL DIF (OR: After this certificate has been signed by the attending physician and campletely filled in by in meral director.	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained by the hospital ar attending physician.  O FUNERAL DIT OR: After this certificate has been sig	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pape the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 10997 Reg. Dist. No. Baltimore b. COUNTY Baltimore MARYLAND Marulana

	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  X Rodedale
0	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 2008 Wilhelm Avenue	d. STREET ADDRESS  2008 Wilhelm Avenue  on A FARM?  YES NO
	3. NAME OF First Middle DECEASED A A A A	eocheoan  4. DATE OF DEATH  October 5th 19 58
	temale white WIDOWED \$\times \text{DIVORCED }	B. DATE OF BIRTH  9. AGE (In years lef UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.
8.	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME  10. Give kind of work done done done done done done done done	Philadelphia, Penna USA  14. MOTHER'S MAIDEN NAME
)	Joseph J. Mitchell	Mary Ann Pennewell
	[Yes, no, or unknown) [If yes, give wor or dates of service)	4 4 4 4
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO	art Failure Interval Between ONSET AND DEATH 3 WILKS
	Conditions, if ony, which gove rise to immediate couse (a), stating the under.  lying couse lost.  Conditions, if ony, which (b) Coronary (c)  DUE TO  Coronary (c)  Coronary (c)  Coronary (c)	artery disease 31/2 yrs undet.
0	3 Marked Oxogenous	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES \( \sum \) NO \( \mathbb{P} \)
		D. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Foci Hour o. m. While of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	21. I certify that I attended the deceased from 9:30 PM Oct alive on Oct. 4, 1958, and that death ACTUAL SIGNATURE Harved C. Sadin	occurred of 12:30 AM, from the couses and on the date stated above.  ADDRESS (Street, city or town, state)  Both 12 Walker Aul. Capt & Both 12 Wel.
1	PHYSICIAN'S HAROLD C. SADIN	
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR BURIAL 10/8/58 Parkwood (	emetery Baltimore. Maryland
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Leonard J. Ruck 5305 Harford Roa	240 JECO BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE

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TO HOSPITAL OR

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10998

**CERTIFICATE OF DEATH** 

10974

Reg. Dist. No

		Kegi otali ito:
1.	PLACE OF DEATH O. COUNTY Baltunore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Dal Xunal
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	COCKEYSVILLE	XRURAL - COCKEYSVILLE
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. 1S RESIDENCE ON A FARM?
	PHOENIX YPHILPOT ROS	PHOENIX OPHILDOI IPDS YES NO
3.	NAME OF DECEASED (Type or print) Annie Marie	George 4. DATE Month Day Year DEATH OCHOCK 29 1958
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min
	-EMALE WILLITE WIDOWED DIVORCED	NOV-4-1885 72 yrs.
10	during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
L	Aws	ENGLAND U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L	PATRICK PORSEY	MARGARET-PING
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 et. no. or unknown) [ (If yes, give wor or dates of service) ]	NFORMANT Address
L	NO	MARGARET-A-GEORGE- PHOENIX+PHILPOI
	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and, (c),]	DOLLAR OF THE STATE ON SET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  ARCHIVE  ARCHIVE	seem fursavens
	4dd. DUE TO	of all- over
	Canditians, if any, which) (b) Cutero set	entre Cardia Pascular diserse 10 4/8
1	gave rise to immediate cause (a), stating the under-	
-	lying cause last. (c)	
CERTIFICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
		D. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PL While 19 of work 10 the of work 10 the p. m. 19	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)  (County) (State)
	21. I certify that I attended the beceased from.	, 1953, to Oct., 19 that I last saw the deceased
	alive on 28 Dev, 19 8, and that death	occurred of 40 P.M. from the causes and on the date stated above.
	6-11-16	ADDRESS (Street, city or sawn state) DATE SIGNED
	SIGNATURE / CES	M.D. Cockeysoull 200cts
	PHYSICIAN'S Walter T. KEES	mid
27	O. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, tawn, ar county) (State)
	REMOVAL (Specify) OCT-31-58 DESSOP	BALTIMORE, CO MD.
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	UM COOK-TOWSON, INC. TOWSON	4-MD DATE NOV 3 '58 arithur S. Knows

at your last		** A	

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10999 CERTIFICATE OF DEATH

10975 Reg. Dist. No.

10000	keg. Dist. No.
1. PLACE OF DEATH 6. COUNTY BALTO. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Bellimble
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)  RURAL - Rasulte	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS- Old Caurt Road  e. IS RESIDENCE ON A FARM? YES \( \sigma \) NO B
3. NAME OF DECEASED (Type or print) HELEN First ELIZEBETH	GOSNELLOST 4. DATE Month Day Year DEATH DELOGIA 3 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  May 29 1868  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Haurs   Min.    May 29 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11 BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY  LoSiA.
Robert Taggait	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) (If yes. give web or delice of service) 218-32-14491	Address Address A. T. Lanell. Old Court R. Bello 7
18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  VENTRICULAR	FIBRICIATION INTERVAL BETWEEN ONSET AND DEATH  MULLIPLE
Conditions, if ony, which gove rise to immediate (b). MYOCAROIAL	DISEASE 2 gis.
couse (a), stating the under- lying couse last.	
CATE	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	RED. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While at work at work at work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
21. I certify that I attended the deceased fram. Och alive an Och	2 , 1958, to Ock . 3 , 1958, that I last saw the decease th accurred at 1032 A.M., from the causes and an the date stated above.
ACTUAL SIGNATURE SANISMENT SIGNATURE	ADDRESS (Street, city or layin, stole)  DATE SIGNE  M.D. 9017 LIBERTY ND Oct. 6th 19
PHYSICIAN'S HAROLO H. WEINBERG M.D.	RANDALISTONA ME
220. BURIAL, CREMATION, REMOVAL (Specify) 10-6-58 21611111	Rushylerian Trante Beloto mel.
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ALLEGER  ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE CT 1 4 '58  Outland 8. Knauge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRF.

R: After this certificate has been signed by the attending physician and campletely filled in by the professory page 3 shauld be adlacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shaust be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. VS A15 (4) 15M 10/57

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death; Page 4 may be relatived, the hospital or altending physician.	TO FUNERAL DI OR: After this certificate has been signed by the attending physician and completely filled in by 1 heral director.	
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TE	4	the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death,
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1/6	A15 /	4)
15A	1 9/5	5

11000	OEKIII IO			Reg. Dist	t. No.
1. PLACE OF DEATH c. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary			e before odmission) Cimore
b. CITY OR TOWN (If autside carporate limits, write RURAL, and give nearest town) Catonsville	3mthslOdys	c. CITY OR TOWN (IF or	utside corporate limit.  Marylan		ive nearest fown)
d. NAME OF HOSPITAL (If not in hospital, give street of NAME OF INSTITUTION SPRING GROVE STATE HO	oddress) SPITAL	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Nathan	miel Jeffe	rson Gover	4. DATE OF DEATH	Manth 10	Doy Year 19 58
male w white widows	D DIVORCED	8. DATE OF BIRTH May 17, 188	32 76	1 at 1	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Carpenter	(IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of Mary)			ZEN OF WHAT COUNTRY
3. FATHER'S NAME Nathan Gover		14. MOTHER'S MAIDEN N Martha		***	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		NFORMANT Scords: SPRII		Address STATE HO	OSPI <b>T</b> AL
gave rise to immediate couse (o), stoting the under-lying couse last.  Part II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDI	TION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES \(\bigcap\) NO PC
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part II af ite	m 18.)	13 10 10
20c. TIME OF INJURY Month, Day, Year 20d. IN While p. m. 19 at work	_ Not while _ fo	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.		) (C	aunty) (State)
21. I certify that I attended the decease alive an extreme 5 , 19 5  ACTUAL SIGNATURE SET TUBE FROM THE SIGNATURE SET TUBE FROM THE SET TU	-17	occurred ot	_M, from the c ADDRESS (Street, city ROVE STAT	causes and an the ar town, state) TE HOSPITA	DATE SIGNI
PHYSICIAN'S GERTRUBEY - FL 220. BURIAL, CREMATION, 226. DATE THEREOF	EISCH/AI	/// Catonsvill	22d. LOCATION (Cit		(State)
Burial Oct. 8, 1958  23. FUNERAL DIRECTOR'S SIGNATURE	Grace Meth			d.Baltim	
J.F. Eline Hours Re	esterstown		7 '58	anthun S. th	

LAND STATE DEPARTMENT OF HEALTH-TREETMORE, IS The second secon THE RESIDENCE TRAINING OF THE WORLD SERVICE SE

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TO FUNERAL DIP TO HOSPITAL OR

VS A15 (4) 15M 10/57

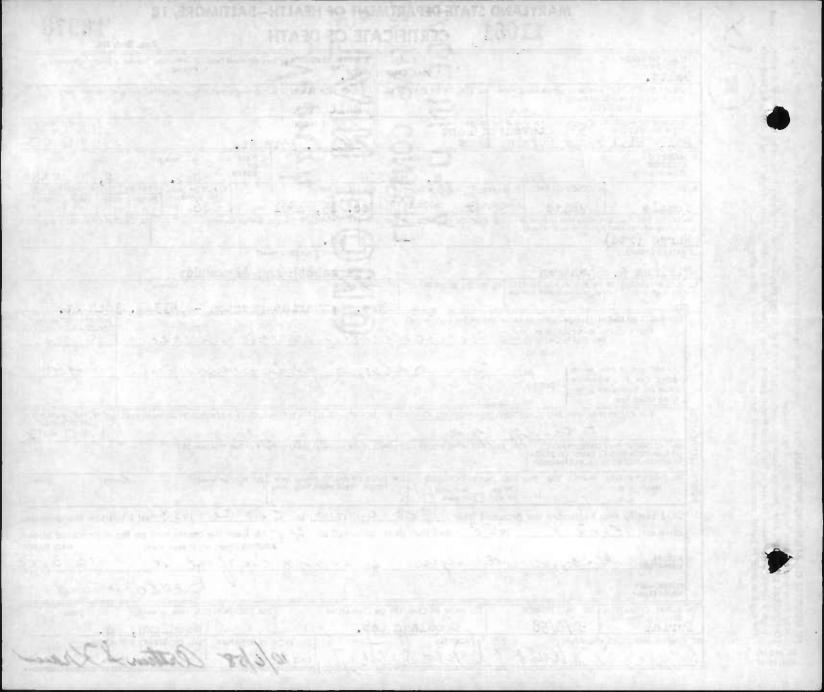
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11001

**CERTIFICATE OF DEATH** 

10978

Reg. Dist. No.

o. COUNTY Balto			MARYLAND	2. USUAL RESIDENCE (WI	here deceased	lived. If institution b. COUNTY	on: Residence b	pefore admis	ision)
b. CITY OR TOWN ( RURAL ond give n	If outside corporate limit	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corpore	ote limits, write R	URAL ond give	nearest tow	(n) /
Tows	son	Baltimore 3 V 0 1 - 4							
OR INSTITUTION	Manor Nurs	enso.	n Lane	d. STREET ADDRESS	- C+			ON	SIDENCE A FARM?
3. NAME OF	Firs			1533 E. 36t					] NO []
DECEASED (Type or print)	EVA		M. GRTFF	Lost	4. DATE OF DEATH	Mon.	th	Day	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED		9	. AGE (In years	IF UNDER 1 Y	EAR IF UND	
female	white	WIDOWE	DIVORCED	Dec. 15, 1881		lost birthdoy) 76 yrs.	Months Da	ys Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work d	one 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign cou	entry)	12. CITIZEI	N OF WHA	T COUNTRY?
Nurse (rtd	4		40.40	Md.					
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
William S.	Shanaman			Elizabeth A	nn Ales	vanden			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	uni Ale	Addr	ess	-	
(Yes, no, or unknown)	(If yes, give war or dates of se	rvice)	V	na Cathania	D	200	0 D 0/		
	ATH [Enter only one cou	se per lir		rs. Catherine	Prest	on $= 153$		NTERVAL B	ETWEEN
	TH WAS CAUSED BY:	-		12.	. 59	)		NSET AND	
420.0	IMMEDIATE CAUSE (o)		ruriosili	roce ma	vio a	inen	e	54	20,
Conditions, if o			Benense	. 10,7		/		8	40.0
gove rise to i	mmediate (		The same	yea ecri	irio	mon	sur	9	-20.
couse (o), stoting lying couse lost.									
	(c)	ITIONS C	ONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	NAL DICEASE	CONDITION	511.01.01.07.11	Jan was	A11700011
PART II. OTH	Hanne	Tall	A- A	NOT KELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(c	PERFO	ORMED?
	S LINDEDLYING TI	Oh DESC	TRIBE HOW INJURY OCCURREN	V (Fatas autum of injury in )	011 D11	1 -6 24 30 3		YES	NO D
OR CONTRIBUTING	CAUSE OF DEATH	OD. DESC	CRIDE FIGUR INJURI OCCURRED	o. (chier notore or injury in	rott i of Port i	for item (B.)			
3 20c. TIME OF INJUR	Y Month, Doy, Yea	20d. IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	, 20f. (City o	or town)	(Coun	ity)	(Stote)
20c. TIME OF INJUR Hour o. m. p. m.	19	While of work	Not while for ot work	tory, street, office bldg., etc	.)				
21. I certify th	at I attended the	decease	ed from Oct 1	0 , 1953, to C	200 2	1958	that I last	sow the	deceosed
alive on	2001	, 195	8_, and that deoth	occurred at 14 1	M, from	the couses a	nd on the	dote stat	ed above
	1.	1				et, city or town,			ATE SIGNED
ACTUAL SIGNATURE	scoren.	Va	elleyn	4.0. 4808	Harry	Lord Ro	d.	101	3/58
PHYSICIAN'S			1		0	R	-0- 11	,	
NAME (Type)						Race	to 14	- he	a.
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF		22c. NAME OF CEMETERY OF		22d. LOCATIO	ON (City, town, o	r county)	(Sto	te)
Burial	10/6/58		Woodlawn C	em.		Woodl	awn, Mo	1.	
23. FUNERAL DIRECTOR	SAIGNATURE	. U	ADDRESS	24g. REC'	D BY REGISTRA		TRAR'S SIGNA		4
MM. Y.	June	1	Dour-Nal	WIT DATE 16	16/58	Class	her	1. X/	Aus
				ma ?	7		-		



VS A15 (4)

15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10979

	1100	2 CERTIFIC	CATE OF DEATH		TOO 10
1.	PLACE OF DEATH O. COUNTY  Baltimore	MARYLAN	II o STATE	ere deceased lived. If institution: b. COUNTY	Residence before admission)  Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).  Belair	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (IF o	utside corporate timits, write RUR	AL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Prospect Mi	u address) U Road	d. STREET ADDRESS  Prospect	Mill Rd.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Sigurd &	Johan Gund	derson Loss'	4. DATE Month OF DEATH Octobe	er 10th 19 58
5.	Male 6. COLOR OR RACE 7. MAI	RRIED WEVER MARRIED [	. 11 0 -		Annths Doys Hours Min.
	a. USUAL OCCUPATION (Give kind of wark done) during most of working life, even if retired)  Adionery (ng.)  FATHER'S NAME	Belair Rd.	Chev. Berg 14. MOTHER'S MAIDENAN	en. Norway	12. CITIZEN OF WHAT COUNTRY
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 10. Inc. or unknown) (If yes, give wor or dolss of service)	9-16-9883	Mrs. Clara G	underson, Be	lair, Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under: lying couse lost.  (c)	animortic	of long		ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMII	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		RRED. (Enter noture of injury in P		
MEDICAL	Hour o. m. While		PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.	20f. (City or town)	(County) (State)
	21. I certify that I attended the deced alive an				that I last saw the deceased d an the date stated abave. TO DATE SIGNED
	BURIAL CREMATION, Page 10/13/58	Belair Men	y or crematory norial Garden	22d. LOCATION (City, town, or a Belair, Max	county) (Stole)
23.	FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5305	Harford Ro	ad #14 DATE	BY REGISTRAR 24b. REGISTR	AR'S SIGNATURE Thur & Frank

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11004 CERTIFICATE OF DEATH

Reg. Dist. No. 0981

٦.	PLACE OF DEATH a. COUNTY Ba	ltimore		MARYLAND	a. STATE	DENCE (Wh	ere decease	d lived. If institut b. COUNTY		nce before	• admissi	an)
	b. CITY OR TOWN (IF RURAL and give ne		ts, write	c. LENGTH OF STAY IN 16		TOWN (IF o		orote limits, write f	URAL and	give near	rest town	1
	d. NAME OF HOSPITA OR INSTITUTION	u (If not in hospital, g Paradise			d. STREET A			l & Fred	leric		ON A	FARM?
3.	NAME OF DECEASED (Type ar print)	Fin Ja	mes	Middle Weeden	Hanco		4. DATE OF DEATH	Moi	ot.	Doy 12		eor 9 58
5.	sex M	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRT		70	9. AGE (In years last birthday) yrs.	Manths Manths	Days	Haurs	R 24 HRS. Min.
100	usual OCCUPATIO during most of worki	ng life, even if retired	one 10b.	chemical		ACE (State A . Co			12. CI	TIZEN OF	WHAT	COUNTRY?
13.	FATHER'S NAME		E		14. MOTHER'S							
		el Hanoo			1	Loui		lliams				
15. (Ye	NO PECEASED EVER	IN U. S. ARMED FOR- f yes, give wor or dates of st	CES? 16.		informantMr 43 Stra			Hancocked ad Balto		B, M	d.	
	1	TH [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		re far (a) (b), and (c).]	1:286	Art	2rios	sclavos,	-5	INTE	RVAL BET	WEEN DEATH
	Conditions, if on gave rise to im couse (a), stoting to lying cause last.	mediate (		With Ph	ul tip	12 2	) hre (/	Stro	Krs.			
CERTIFICATION			DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMI	NAL DISEAS	SE CONDITION GI	EN IN PAR	RT 1(a) 19	PERFOR	MED?
	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY )	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature o	of injury in f	Part I ar Par	rt II af item 18.)				
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	Manth, Doy, Yea	While at war	Not while fo	LACE OF INJURY ( actory, street, affice	Hame, farm bldg., etc.	, 20f. (Cit	y ar tawn)	(	Caunty)		(State)
	21. I certify the alive on	of 1 aftended the	deceas	ed fram, and that death  ACC Vol.	M.D. /3		ADDRESS (S	m the causes of treet, city ar tawn,	and an t			
22	BURIAL, CREMATION	N. 226. DATE THEREO		22c. NAME OF CEMETERY	OR CREMATORY			TION (City, town,			(State	)
	Burlal	10/15/	58	Cedar Hi	11			ltimore				
23.	FUNERAL DIRECTOR'S		NT.C	ADDRESS		24a. REC'I	BY REGIST	TRAR 24b. REGI	strar's si	0 11		
	JOHN F.	DENNY, I	NC.	715 Light S	t30	DATE	CT 1 5		200001 2	. / Via	7/4	

VS A15 (4) 15M 9/55

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	Live measure land	ORMON	arrian in Loads
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est off manifest (100 s. 124 s			

MARYLAND STATE DEPARTMENT OF HEADY SANCTINORS, 18

VS. A15ME(5) 5M 9/55 0-0

10982

Rea. Dist. No.

1. PLACE OF DEATH Baltimore	MARYLAND	2. USUAL RESIDENCE (V		I. If Institut b. COUNTY		ofore admission)
b. CITY OR TOWN   It outside corporate limits, write RURAL ond give recrest town)  Reisterstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	terstow		RURAL ond give (	nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospital, give street address)	New Av	e.			e. IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF First DECEASED (Type or print) Louis	G. Harris	on Sr.	4. DATE OF DEATH	Oct.	22 Doy	Year 19 58
5. SEX Male 6. COLOR OR RACE 7. MARR Colored MIDOW	RIED NEVER MARRIED 8.	Dec . 26, 187		(In years ighday) yrs.	IF UNDER 1YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  Farmer	KIND OF BUSINESS OR INDUSTI		or foreign country)		12. CITIZEN O	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Samuel Harrison		Mary	( Unk	nown	)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16  (Yes, no, or unknown) (If yes, give wat or dates of service) NO		rormant s.Flavilla	Battle	Address Reis	terstov	m, Md.
422.1 DUE TO	teriosclerot				6	rval between et and beath yrs.
PART II, OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N  BE HOW INJURY OCCURRED. (E					9. WAS AUTOPSY PERFORMED? YES NO
PRIMARY Or CONTRIBUTING CAUSE OF DEATH. NONE	one	ner natore of injury in Far	I T OF FOIT II OF HEII	10.)		
Hour o. m. none Whi	INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm ry, street, office bldg., etc.	none	1)	(County)	(Stote)
21. I certify that I taak charge af the death resulted fram: Natural causes	remains described above		- Barrel			, and find that
ACTUAL SIGNATURE D. D. Caple	(s	_M.D. CHIEF MEDICAL EX	KAMINER [			DATE SIGNED
EXAMINER'S D. D. Caples,	M. D.	ASSISTANT MEDICAL				10-23-58
220. BURIAL, CREMATION. 22b. DATE THEREOF Burial Oct.25/58	St. Lukes	CREMATORY	22d. LOCATION (C	ity, tawn, or cerst		(State)
23. FUNERAL DIRECTOR'S SIGNATURE  J.F.Eline & Sons Re	ADDRESS eisterstown, M		D BY REGISTRAR	24b. REGIST	TRAR'S SIGNATU	

## The same of the sa LINE ROOM MINE COST CONTRACTOR OF STREET THE STATE OF MARKET TO SHEET AND STATE OF THE STATE OF TH Note that the second of the se The real Wall of for standard Mark Indian and the Paris - Alemeniossis rad Basilesunos The state of the s

			Spinson
1	ri neral director,	sched for use as the burial-transit permit. Then please remave solven papers. Pages 1 and 2 s and be filed with	9
	in by	and 2	
	8: After this certificate has been signed by the attending physician and completely filled in by the	Pages 1	
	d cample!	Papers.	leath
	sicion on	ve gospon	ry Wher o
	ding phy	se remo	in 72 hau
	he atten	Then plec	ent with
	aned by 1	permit.	in any ev
	been sig	I-transit	val, and
0	ate has	e buria	r remov
	s certific	se as th	atian, o
	fter this	d for u	il, crem
-	4: A	che	ourid

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO FUNERAL DIPPOR page 3 should L. deta the registrar prior to by

			CERTIFIC	AIE OF D	EAIL			Reg. D	Dist. No.			
	ltimore		MARYLANI	o. STATE	ence (who	The York	B lived. If instituti b. COUNTY		ence befo		ion)	
b. CITY OR TOWN ( RURAL and give n	1 - 1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
	ers Forge		2 yrs	KNEEK		ALEX	Baltimo	altimore, Md 3 yol				
d. NAME OF HOSPI	TAL (If not in hospital,	give street	address)	d. STREET AD						e. IS RES	FARM?	
Armacost N	ursing Home	812	Register Ave	3618 E	lkade	r Roa	d				NO [	
3. NAME OF DECEASED		rst	Middle	Lost		4. DATE OF	Mon		Do	ay .	Year	
(Type or print)	Carri		A.	Haye	S	DEATH	Oct	tr .	5	)	19 5	
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED				9. AGE (In years last birthday)	IF UNDE Months	T		ER 24 HRS	
Female	White	WIDOW		Apr. 18		T	// yrs.	Monins	Days	Hours	Min.	
10a. USUAL OCCUPATE during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLA	CE (State o	or foreign co	ountry)	12. C	ITIZEN C	F WHAT	COUNT	
At ho			Continue to the	Tre	nton,	N. J						
3. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				71 -		
,Tame	s Mc Getric	ck		S	arah	A. Ma:	rriott					
15. WAS DECEASED EVE	R IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO. 17	. INFORMANT		18 1	Add	ress	10			
	fit yes, give wor or ourse or	January	Mr	s. Eugene	C. C	onnor	3618 E	Lkade	r Ro	1		
	TH WAS CAUSED BY:		ne for (o), (b), and (c).]	Anterno. Dreknap	nles	477				ERVAL BE		
332 X	IMMEDIATE CAUSE (		( Carrest	7-10-001		7000				Ty	Jens,	
Conditions, if a			Cont. R	ere Bonal	th.	a Trank	Tola		17	) 4	III	
gave rise to i	mmediate (	-		-	1.0	00000	-0-0	-		- 4	000	
lying cause last.	ine under-								113			
	, ,	DITIONS	CONTRIBUTING TO DEATH E	UT NOT RELATED TO	THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN DA	PT 1/0) 1	O WAS	ALITOPSY	
PART II. OTI		DQ.	6-1	a. Has	. 1.	1712 01367136	CONDITION ON	214 114 17	(0)	PERFO	PRMED?	
	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUP	RED (Enter poture of	injury in P	ort I or Part	II of item 18 )			AE2	NO 🕡	
CONTRIBUTING	MEDICAL EXAMINER		The state of the s	mes. (emisi maroro or								
20c. TIME OF INJUS		While	_ Not while	PLACE OF INJURY (H factory, street, office			or town)	22	(County)		(Slote)	
		at wor	7/11	1-4		1 1		<i>x</i>				
	nat I attended the	e deceas	1-61	19.50								
alive an	DUCK 4	, 12_	2, and that dec	ith occurred at_					the da	te state	ed abay	
ACTUAL	e.0 C		1				reet, city or town,	state)		DA	ATE SIGN	
SIGNATURE	SOLL OF	mil	~	_M.D.	L500	Eu	two	121		((	710	
PHYSICIAN'S NAME (Type)	50/ SH	11H	41		Bal	to 1	7, m	el-			,	
220. BURIAL, CREMATIC REMOVAL (Specify)		OF	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, town, o	or county)		(State	e)	
Burial	Oct. 13	701	River	view Cemet	ery	r	Trenton.	New	Jers	ev	1.3-	
3. FUNERAL DIRECTOR	'S SIGNATURE	, ,	ADDRESS			BY REGISTI	RAR 24b. REGIS					
N 111 1110	111111	1 De	Ch lalin	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OCT	7 4 '58	0 -1	, 0	11			

VS A15C 1-55 10M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 11007CERTIFICATE OF DEATH

10984

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY BALTIMORE MARYLAND	STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give neerest town)
OR and give nearest town) TOWN (in this place)	TOWN BALTIMORE 3VOI-4
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR	ADDRESS - C D - T /
Carrier Tours Thought	302 S. BEN14LOY ST.
3. NAME OF DECEASED (First) (Middle) (Type or Print) John Thur MAN	HAYWARD DEATH OCT. 21, 1958
5. SEX 6, COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED.	BIRTH 9. AGE last birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	T. 8, 1905 62 yrs. Months Doys Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working tife, even If  OR INDUSTRY  ALP DLAME MA	Manual Sountry?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
10. 10.11.	17. MOTHER'S MAIDEN NAME
NOSEPH HAYWARD	I FANNIE TEREGOU
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yas, no or unk.) (If Yas, give wer or dates of service)	17. INFORMANT & ADDRESS
(Yas, no, or unk.) (If Yas, giva wer or dates of service)	1 TheLMA HAYWARD 502 S. BENTALOW
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
Motos Into	careiroma 3 month
163% IMMEDIATE CAUSE (A) 1000000000000000000000000000000000000	- carcino ma
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  CARCING  CARCING  CONDITIONS  DUE TO	no of thelines 6 mont
GIVING RISE TO THE ABOVE CAUSE	The state of the s
STATING UNDERLYING CAUSE LAST, DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO D
21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE (Home, ferm, fectory, OF INJURY street, office bldg., etc.)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	21. HOW DID INJURY OCCUR?
M. While Not while at work	
22. I hereby certify that I attended the deceased from	, 1955, to 6 21, 1955, that I last saw the deceased
alive on 014 20, 19 3, and that death occurred at	0 38
SIGNATURE	ADDRESS (Street, city, town, state)  DATE SIGNED
mosmas duduf.	215/When and 10023
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR (	
BURIAL 10-24-58 Loudon	n PARK BALTIMORE, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FINEDAL DIRECTOR'S SIGNATURE
DATE DCT 2 4 '58 Colling S. Keaus	GEU.L. SCHWAD THWERNL HOWE
DATE	Barbara M. Schwab 2101 Frederick Cine

MARYLAND STAYS DEPARTMENT OF MALTH-HALTSMORE, TO

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SOURCERTIFICATE OF DEATH

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De principal de la company

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR CTATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10985
FOR STATE HEALTH DEPT.	11002 Reg, Dist. No.
O è	1. PLACE OF DEATH O. COUNTY  D. C
P S S S S S S S S S S S S S S S S S S S	27//more, MARYLAND ///d, 27/10,
是三十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	b. CITY OR TOWN (If outside corporate limits, write FURAL ond give nearest town)
	Kural-Parklon Yours. Kural-Parkton.
00 00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
th.	Rayville YES NO D
he retained on the fur dead	3. NAME OF DECEASED (Type or print) CLAUDIA HOLD AND Middle HEATH OCT. 20 1958
to to the	5. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IN 1990 IF UNDER 1YEAR IF UNDER 24 HRS.
duri	WIDOWED DIVORCED May 12 1890 6 yrs. Months Doys Hours Min.
72 h	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY M. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Farmer Farming, Beckleysville, Md. (1,0,1)
S.S. S. S.	13. FATHER'S NAME 1 [ ]
Page Page	David L. Hoquer Mary E. Hottacker
File	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17: INFORMANT (If yes, give was at date of service)
di i	110 Susself Hedrick Tarklan Ind. R.D.
d in	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
Sit of a sit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Covery occurs  5 M. W.
Fice in ord	14 a O. I DUE TO
a de	Conditions, if any, which (b) Collection . Secretary
or ne	(a), stating the underlying DUE TO
ome coming of the coming of th	
Sed a	PERFORMED?
dico.	YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)
Med build bu	20a. EXTERNAL CAUSE WAS RIMARY   or CONTRIBUTING   CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)
Poor Poor	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
a de ch	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) (City or town) (County) (Slate)  While Not while of work of w
oge price	21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	opinion death resulted fram: Natural causes Accident . Suicide . Hamicide . Undetermined manner
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O a case of the control of the contr
Ted De	SIGNATURE (1 M. France M.D. CHIEF MEDICAL EXAMINER ) DATE SIGNED
the control of the co	ASSISTANT MEDICAL EXAMINER []
des des	EXAMINER'S IT IS FRANCE DEPUTY MEDICAL EXAMINER D
Share its	220. BURIAL, CREMATION, 22b. DATE, THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (Gity, town, or county) (State)
9 4 0 p	Barial Vol. 23/12 BeckleysVille Cem. Deckleysville Mo.
8. A15ME	ADDRESS' ADD
5M 2/57	Lacol Harlinslein, Tew Trillian, W, Date
4	

MORCAL EXAMINER'S CONNEICATE OF BEATH.

# heral director, be filed with

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		11	.009	CERT	IFICA	ATE OF DEATI	Н		Reg. D	ist. No.	10	986
1.	PLACE OF DEATH COUNTY Baltimo	re		MAR	YLAND	2. USUAL RESIDENCE (W	here decease	ed lived. If instituti b. COUNTY	an: Resider	nce befa	re odmiss	ian)
	Fort Ho	ward		c. LENGTH OF STATE	Y IN 1b	e. CITY OR TOWN (IF Baltimore	outside corp 13,	orate limits, write R	URAL ond	give nec	rest town	) /
d. NAME OF HOSPITAL (If not in hospital, give street oddress) ORINSTITUTION Veterans Administration Hospital						d. STREET ADDRESS 4048 Elmor:		e. IS RESIDENCE ON A FARM? YES NO				
	NAME OF DECEASED (Type or print)	J OH		Middl P.	e	HEFNER	4. DATE OF DEATH	Mon Octob		Do		Yeor 1958
1	Male	White	WIDOWE		ED 🗌	8. DATE OF BIRTH August 22,		9. AGE (In years last birthday) 66 yrs.	Months	Days	Hours	R 24 HRS. Min.
(	during most of work  Clerk  FATHER'S NAME	N (Give kind of wark of ing life, even if retired)	-	kind of Business inking	OR INDUS		ore, l	faryland		S.		COUNTRY
	John Hefne					Margaret Ru						
(Yes		R IN U. S. ARMED FORE		SOCIAL SECURITY NO		in.Rec.,Vet.	Adm. Ho	ospital,F		ard,	Mar	yland
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PUIMONARY EDEMA AND CONGESTION									INTERVAL BETWEEN ONSET AND DEATH 2 HOURS		
	Canditians, if an gove rise to in cause (a), stating to lying cause last.	nmediate (	нурі	ERTENSIVE	HEAR	r disease				UN	KNOW	N
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  1. Abscess of left lower chest wall. Diabetes mellitus									T 1(a) 1	PERFO	AUTOPSY RMED?	
L CERTIF	20a. ACCIDENT WAS UNDERLYING   OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	Manth, Day, Yea	r 20d. IN While at work	Not while at work	20e. PLA fac	CE OF INJURY (Home, farm tary, street, affice bldg., etc	20f. (Cit	y or tawn)	(1	County)		(Stote)
						2 , 19 58 , to Oc						
	ACTUAL SIGNATURE	her WE	17	au and the	t deoth	occurred at 7:50.	ADDRESS (S	m the causes a treet, city ar town, ARD, MARY	state)	he dot		d above 17E SIGNE
	PHYSICIAN'S NAME (Type) CH	TEN WEI LA	N, M.	D.				****				
	BURIAL CREMATION REMOVAL (Specify) Burial	7/-3-	58	1	re Na	tional Cem.		tion (City, town, o		nd	(Stote	)
-	FUNEAL DIECTORS	Schwab Fun	l- eral	Home Bal	l Fre	ederick AZVeRECT	D BY REGIS		tran's sic			

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO FUNERAL DI OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove cachon papers. Pages 1 and 2 the registrar prior to burial, cremation, or remaval, and in any event within 72 hay, offer death. TO HOSPITAL OR VS A15 (4) 15M 10/57

TITOTH CERTIFICATE OF BEAUTY Che. Wi fair THE RESERVE OF THE PROPERTY OF THE PARTY OF MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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HOSPITAL

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William Dayle 1955 to San, and Barton San and Control of the Contr

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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			9.00	
			25 .00	
			THE STATE OF	
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M. eston Italy & Co. 201	ten seed for and			

VS A1S (4) 15M 9/SS

MARYLAND STAT	E DEPARTMENT	OF	HEALTH-BALTIMORE,	18
11010	CERTIFICATE	05	DEATH	

TIUIZ CERTIFICATE OF DEATH

Reg. Dist. N.10989

SEX   6. COLOR OR RACE   7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yeaps   15 UNDER YEAR IF UNDER 22 HIS.   18								
RURAL ond give ne	prest town)	write c. LENGTH OF STAY IN 1b	1611	1 4		URAL and give	e nearest town	)
d. NAME OF HOSPIT, OR INSTITUTION 5743 Edmon			/	le Lane	(Trail	or Vil	A IAO	EADIAS
b. CITY OR TOWN (I) outside corporate limit, write b. CITY OR TOWN (I) outside corporate limit, write VIDAL ond give nearest town)  SURAL ond give nearest town)  SURAL ond give nearest lown)  A STREET ADDRESS  ON SURTIVIDIAN AT (28)  J. STREET ADDRESS  ON SURTIVIDIAN AT (20)  J. STREET ADDRESS  ON SURTIVIDIAN AT (20)  J. STREET ADDRESS  ON SURTIVIDIAN OCCUPATION (Give hid of week down)  J. O. STREET ADDRESS  S. SEX  J. COLOR OR RACE [7. MARRED [2] NEW MARRIED   3. DATE OF BIRTH  OCTABLE  JOAN OCCUPATION (Give hid of week down)  J. STREET ADDRESS  J. ST								
Male	COUNTY Baltimore  MARYLAND  OSTATE Maryland  b. COUNTY Baltimore  CITY OF TOWN (if onlide copporate limit, write august of the county of the c							
during most of work	N (Give kind of work dor ng life, even if retired)			or foreign coun	try)	100		COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME				
John H	enry Hoefner		Grace Corl	iss				
[Yes, no, or unknown]	D. CITY OF TOWN (If outdee exporate limits, write   C. LENGTH OF STAY IN 15   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee exporate limits, write SURAL and give nearest town)   C. CITY OR TOWN (If outdee)   C. CITY O							
gove rise to in cottse (a), stating t lying cause lost.	y, which (b) (b) DUE TO  younder (c) (c)			NAL DISEASE CO	ONDITION GIV	EN IN PART 1	PERFOI	RMED?
	UNDERLYING [] 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Port I or Port II	of item 18.)			
Y 20c. TIME OF INJURY Hour a. m. p. m.		While Not while for	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	, 20f. (City or	town)	(Cou	enty)	(Stote)
b. CUNTY OF TOWN (If outside corporate limits, write provided on the composition of the c	d above. TE SIGNED							
o. COUNTY BRITIMOTE  b. CITY OF TOWN (If outside corporate limits, write rules and reason to the county and the	)							
D. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest form)  RURAL and give wascest town)  A WHAT COLOR 11.10 (28)  A NAME OF BEST LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITOR (If in an in hospital, give street address)  STATE LIMITO								

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requires that the death certificate be executed within 24 haurs after death; Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11013

### **CERTIFICATE OF DEATH**

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-	17	V	-	4,9

Reg. Dist. No.

	S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   In Under 19   Interval	n)											
			, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TO	OWN (If or	ulside corpo	rate limits, write R	URAL and gi	ve near	est lown)	
	Catonsvil	le		0 0	3	Ba	ltim	ore		3 Vo	1 - 1	4-	1
	d. NAME OF HOSPITAL I	(If not in hospital, giv	e street or	idress)							e.	ON A	PARM?
	SPRING GR	OVE STATE	E HO	SPITAL		873	West	Lomba	rd St.			YES [	NO 🗆
3.	D. CITY Baltimore  b. CITY OR TOWN If I would be experted limits, write BLACK TOWN I FOUNDED TOWN I COUNTY  c. LENGTH OF STAY IN 10  c. LENGTH OF STAY IN 10  d. NAME OF HOSPITAL (If not in hospital). give street oddress) OR NAME OF HOSPITAL (If not in hospital). give street oddress) OR NAME OF HOSPITAL (If not in hospital). give street oddress) OR NAME OF HOSPITAL (If not in hospital). give street oddress) OR NAME OF HOSPITAL (If not in hospital). give street oddress) OR NAME OF HOSPITAL (If not in hospital). give street oddress) OR NAME OF HOSPITAL (If not in hospital). give street oddress) OR NAME OF HOSPITAL (If not in hospital). give street oddress) OR NAME OF HOSPITAL (If not in hospital). give street oddress) OR NAME OF HOSPITAL (If not in hospital). give street oddress) OR NAME OF HOSPITAL (If not in hospital). give street oddress)  SEX  MALE OF HOSPITAL (If not in hospital). give street oddress)  SEX  MALE OF HOSPITAL (If not in hospital). give street oddress)  SEX  MALE OF HOSPITAL (If not in hospital). give street oddress)  SEX  MALE OF HOSPITAL (If not in hospital). give street oddress)  SEX  MALE OF HOSPITAL (If not in hospital). give street oddress)  SEX  MALE OF HOSPITAL (If not in hospital). give street oddress)  SEX  MALE OF HOSPITAL (If not in hospital). give street oddress)  SEX  MALE OF HOSPITAL (If not in hospital). give street oddress of the hospital for the h	0											
5.			7. MARRIE	D NEVER MARRIED	B. (	DATE OF BIRTH			9. AGE (In years last birthday)		-		
	male	white	WIDOWED	DIVORCED	□ Fe	bruary	9,	1904	24	I	2075	rious	Will.
100	. USUAL OCCUPATION (	(Give kind of work de	ne 10b. K	IND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLA	CE (Stote	or foreign co	ountry)				COUNTRY
	paper hang									U.	S.	A.	
13.								IAME					
							own						
	WAS DECEASED EVER IN	U. S. ARMED FORCES, give wor or doles of ser	vice[										
	unknown			unknown	Rec	ords:	SPRI	NG GF	ROVE STA	TE HO	-		
			- '								ONSE	T AND I	WEEN DEATH
		MEDIATE CAUSE (0)	Co	ronary thre	ombos	is							
	420.1	DUE TO	A	4	1.9			3.3.5					
			AI	terloscier	otic	cardio	rascu.	lar di	LSease		-		
	cause (a), stating the												
z		) (c).	ITIONS CO	ONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO	THE TERMI	NAI DISEAS	E CONDITION GIV	VEN IN PART	1(0) 19	. WAS A	UTOPSY
CATIO	PART II. OTHER									LIN IIN TAKI		PERFOR	(WED)
	I OR CONTRIBUTING	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OC	CURRED. (	Enter nature of	injury in F	Port I or Por	t II of item 18.)				
AEDICAL	Hour o.m.		While	_ Not while _					y or town)	(Ca	ounty)		(State)
1		I attended the	1		27.	1958	to O	ct. 25	19 5	Sthat I le	ast ser	w the	decease
	a	/	)	,									
		cella 4	Jac	lister	M.E	SPR	LYG	GROVE	STATE	HOSPI	CAI.	10-	23-51
L	NAME (Type)			, M. D.		Cai	tons v						
22	BURIAL CREMATION,	226. DATE THEREO	}				y			or county)		(State	)
	FUNERAL DIRECTOR'S S		1270		+	+						E	-1
lal	illiam Cook	-nc	121/	DL. Paul D	riee	C I	- GOT	9 7 158	( 11	- 0 de	. 4		

moy be retained the haspital or attending to FUNERAL DIFF. JOR: After this certifical page 3 shauld be detached for use as the the registrar prior to burial, cremation, an

THE DEATH OF STANDING OF DEATH AT SOLE , D. STANSES 2.5.2 pt. Committee season become a marytime and where the state of THE RESERVE AND THE PARTY OF TH organization and an arrangement of the contract of the contrac

Middles Cock, Fac., 1817 St. Phil

### ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page by the haspital or attending physician. 10R: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR TO FUNERAL D page 3 shauld

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11014 CERTIFICATE OF DEATH

10991 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY HALTO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o. STATE b. COUNTY P. P. COUNTY P.	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OF THE REPORT OF THE PARTY.	1 d. STREET ADDRESS 2410 COOPER AVE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  1 HIV WILLIAMS	COUNTY   PATO   COUNTY   PATO   COUNTY   PATO   COUNTY   PATO   COUNTY   PATO   PATE   COUNTY   PATO   PATE   PA	
	Less on 11144 lost bigliday) Months D	
during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZI	of What Country
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	SADIE TRACEY HOHMAN-	- SAME
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)	and Curmonators	ONSET AND DEATH
Conditions, if ony, which gove rise to immediate (b)	of Lung	1%
lying couse lost. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY
ON ACCIDENT MICHAEL DESCRIPTION AND ACCIDENT		PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
Hour o. m. While Not while	ACE OF INJURY (Home, form, 20f. (City or town) (Cocctory, street, office bldg., etc.)	unty) (Stote)
21. I certify that I attended the deceased fram oil.  alive on 1958, and that death  ACTUAL SIGNATURE  Message  ACTUAL SIGNATURE	accurred at 10.301 M, from the causes and on the ADDRESS (Street, city or town, stote)	date stated abave
PHYSICIALIS I. T. MEANS	D 51, BALTO, 19, M	icl.
REMOVAL (Specify) M/12/58 B-+0	CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
123. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HELDER , Penals-lf,	19 4 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGN	ATURE

S. S. S. CERTIFICATE OF DEATH 

TO FUNERAL DIPOSE 3 should be d TO HOSPITAL OR

VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11015 **CERTIFICATE OF DEATH**  10992

D. CITY OF TOWN If coulide experior limits, write RURAL and give nearest form)  D. CITY OF TOWN If coulide experiors limits, write RURAL and give nearest form)  D. CITY OF TOWN If coulide experiors limits, write RURAL and give nearest form)  STATE HOSPITAL  D. CITY OF TOWN If coulide experiors limits, write RURAL and give nearest form)  STATE HOSPITAL  D. CITY OF TOWN If coulide experiors limits, write RURAL and give nearest form)  STATE HOSPITAL  D. CITY OF TOWN If coulide experiors limits, write RURAL and give nearest form)  D. CITY OF TOWN If coulide experiors limits, write RURAL and give nearest form)  D. CITY OF TOWN If coulide experiors limits, write RURAL and give nearest form)  D. CITY OF TOWN If coulide experiors limits, write RURAL and give nearest form)  D. CITY OF TOWN If coulide experiors limits, write RURAL and give nearest form)  D. CITY OF TOWN If coulide experiors limits, write RURAL and give nearest form)  D. CITY OF TOWN If coulide experiors limits, write RURAL and give nearest form)  D. CITY OF TOWN If coulide experiors limits, write RURAL and give nearest form)  D. CITY OF TOWN If coulide experiors limits, write RURAL and give nearest form)  D. CITY OF TOWN If coulide experiors limits, write RURAL and give nearest form)  D. CITY OF TOWN If coulide experiors limits, write RURAL and give nearest form)  D. CITY OF TOWN If coulide experiors limits, write RURAL and give nearest form)  D. CITY OF TOWN If coulide experiors limits, write RURAL and give nearest form)  D. CITY OF TOWN If coulide experiors limits, write RURAL and give nearest form)  D. CITY OF TOWN If coulide experiors limits, write RURAL and give in Coulide Andrews Inches the Coulide of State Inches Inch	ST, INO.			
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND			
Catonsville	5mths19dys			give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION SPRING CROVE STATE			Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Harry		** 7.1	OF A	Day Year 19 58
			- Jost highdayl Lit is I	
100. USUAL OCCUPATION Give kind of work dom during most of working life, even if retired)	e 10b. KIND OF BUSINESS OR INDU			
13. FATHER'S NAME  John Holtman				
(Yes, no, or unknown)   (if yes, give war or dates of service	1	NFORMANT	Address	OSFI TAL
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS  CONDITIONS  CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS	Outeriosed ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PAR	
20c. TIME OF INJURY Month, Doy, Year Hour o. m.	20d. INJURY OCCURRED 20e. PL. While Not while	ACE OF INJURY (Home, form, 120		County) (State)
actual Breeze &  PHYSICIAN'S Bruno Re	1958, and that death Padam Ko adaw Kas	occurred at \$2 \text{A} A A A A A A A A A A A A A A A A A A	, from the causes and an tess (Street, city or town, state)  OVE STATE HOSPI  28, Maryland	he date stated above
220. BURIAL, CREMATION, REMOVAL (Specify)  22b. DATE THEREOF  10/2 2/5  23. FUNERAL DIRECTOR'S SIGNATURE  24. 10  25. 10  26. 10  27. 10  28. 10  29. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20. 10  20.	22c. NAME OF CEMETERY O NEW COATH	Edrol E  240. REC'D BY		(Stote)  STY/C1CI  GNATURE  S. KLOWA
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11017 CERTIFICATE OF DEATH

Reg. Dist. No.

10994

									Keg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY				RYLAND	2. USUAL RES	IDENCE (WI	nere deceased	l lived. If instituti		before adm	ission)
Balto			MAI	KTLAND		Md.			1308	THINKA	7.61
b. CITY OR TOWN ( RURAL and give n	If outside corporate lim eorest tawn)	its, write	c. LENGTH OF STA	Y IN 1b	e. CITY OR	1	outside corpor	rote limits, write R	URAL and giv	e nearest lo	wn)
d. NAME OF HOSPI	TAL (If not in hospital,	give street	oddress)		d. STREET		7)	100		I IS D	ESIDENCE
OR INSTITUTION										ON	A FARM?
Armaco	st Nursing	Home			1003	West W	ind Co	urt		YES	□ NO □
3. NAME OF DECEASED (Type or print)	Б К <b>АТ</b> Н		(Kate)	lle	HUBBA	SD ost	4. DATE OF DEATH	Mor		Doy	Year
S. SEX	6. COLOR OR RACE	7. MARR	IED T NEVER MAR	RIED TO B	DATE OF BIR			9. AGE (In years		YEAR E UN	
female	white	WIDOWE	DIVOR	CED 🗆	Mar ch	1. 186	6	last birthday) 92 yrs.		ays Hour	
100. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHE	PLACE (Stote	or fareign co	untry)	12. CITIZ	EN OF WH	AT COUNTRY
Housew	king life, even if retired	7	at home		Md						
13. FATHER'S NAME	110		at none		14. MOTHER		LAAAE		<u> </u>		
					14. MOTHER	3 MAIDEN I	AWME				
	ied Harrer				Henri	etta (	unknow	(n)			
(Yes, no. or unknown)	R IN U. S. ARMED FOI (If yes, give wor or dates of		SOCIAL SECURITY N	10. 17. IN	FORMANT			Add	ress		
no	(1. ) (1. ) (1. )		none		Mr. Mi	lton	G. Hubb	ard - 49	07 Hol	der A	ve.
	ATH (Enter only one co			c) ]		-				INTERVAL	
	TH WAS CAUSED BY:	11	ardiac	Dec	mens	cation				ONSET AN	DEATH
450.0	DUE TO		1 0	10							1
Conditions, if o	nv. which )	. 150	ultz Co	lilic	- 14	MMIN	20			50	Vail
gove rise to i	mmediate (		outer or	11114	17	ALACTAG		0		00	LVYJ
couse (o), sloling	the under-	€1	and and is to	A Ru	tracia al	-Cours	11 -	544111	Ti		
lying couse lost.	) (		mounty	4 600	2010	CERVI	101	J. VVIIII	14		
PART II. OTH	HER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO D	EATH BUT N	IOT RELATED T	O THE TERMI	NAL DISEASE	CONDITION GIV	EN N PART 1	(o) 19. WA	S AUTOPSY FORMED?
5										YES [	ON [
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRED.	(Enter nature	of injury in I	Port I or Port	II of item 1B.)			
3 20c. TIME OF INJUR	Y Month, Day, Ye	ar 20d. IN	NJURY OCCURRED	20e. PLA	E OF INJURY	(Home, form	. 20f. (City	or town)	ICo.	unty)	(Stote)
Hour o.m.	19	While	Not while	facto	ry, street, offic	ce bldg., etc.	)		1000	v, j	(3,0,6)
p. m.		at work	of work								
21. I certify th	at I attended the	decease	ed fram. Ju	4	195	2, to @	ch.)	1958	that I la	st saw the	e deceased
alive an	Ccl. 2	19.	and the	at death	accurred of	10 4	M from	the causes o	and an the	data eta	tod mhaun
	20 10		,_, ., .,,	ar acam (	accorred di			reet, city or lown,			DATE SIGNED
ACTUAL SIGNATURE	241A114 /11	GIALL			911	- 1/	6.4		12.0	X 11	A SIGNED
SIGNATURE	ennine M.	VIII		M	D	24 5	5 MM	W-17110	1914	10.10	4
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20. BURIAL, CREMATIO	N, 226. DATE THEREC	)F	22c. NAME OF CE	METERY OR	CREMATORY		22d. LOCAT	ION (City, town,	or county)	(5)	ote)
REMOVAL (Specify) Burial	10/6/58		Oaklaw							(5)	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10995Reg. Dist. No BALTIMORE IS RESIDENCE ON A FARM? YES NO. Day Year 20 19 58 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stote) that I last saw the deceased M, from the causes and an the date stated above. DATE SIGNED (State)

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			William C. S.
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10996 10928 CERTIFICATE OF DEATH Rea. Dist. No. director - 7 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY b. COUNTY MARYLAND Baltimore Baltimore MA b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Arbutus Arbutus d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Wilkens Ave. 4635 4635 Wilkens Ave. YES NO 12 NAME OF Middle 4. DATE Month Year DECEASED Oct.18/58 Walter A. Hungelmann. (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH White Months Male Hours 29.1897 WIDOWED [7] DIVORCED T NOV. popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY U.S.A. Glen L. Martin Lancaster. Pa. Cb. Mechanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 000 Lucy Schmidt Walter A. Hungelmann 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address 3072 Mrs. Antoinette Hungelmann. 4635 Wilkens Av yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN d ONSET AND DEATH ERTENSIVE CAREID PART I. DEATH WAS CAUSED BY: + 41 IMMEDIATE CAUSE (a) toculan Disease Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) Day, Year 20d. INJURY OCCURRED (County) (State) Q. fl. factory, street, affice bldg., etc.) Hour Nat while at work at wark 21. I certify that I attended the deceased from that I last saw the deceased and that death accurred at 7 2 M, from the causes and on the date stated above. ACTUAL Died p 0 PHYSICIAN'S HOSPITAL NAME (Type) FUNE 220. BURIAL, CREMATION, 226. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar county) (State) REMOYAL (Specify) Loudon Park Beltimore 0 24a. REC'D BY REGISTRAR Edmondson DATE OCT 2 3 '58 arthur S. Thous 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10997

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a COUNTY b. COUNTY MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Luc Carrilly YES NO NO NAME OF Middle 4. DATE Month Doy Yeor DECEASED DEATH (Type or print) 1959 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER TYPAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Hours WIDOWED | DIVORCED T 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Tobal. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED, EVER IN U. S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO Address (If yes, give war or dojes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 10 120 21 IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO X noru YES [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Month, Day, Year 20c. TIME OF INJURY (County) (Stote) factory, street, office bldg., etc.) While Not while o. m. whole. 1201119 of work at work 21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection N. Inquiry X. and in my opinion death resulted fram: Natural causes X, Accident , Suicide . Hamicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER -20-50 EXAMINER'S DEPUTY MEDICAL EXAMINER TO NAME (Type) 220: BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11020

### CERTIFICATE OF DEATH

Reg. Dist. No. 10998

1. PLACE OF DEATH o. COUNTY	Ltimore		MARYLAN		Md.	ere deceased	lived. If instituti b. COUNTY	on: Residen	ce before	odmission	1)
	(If outside corporate limit	s, write	c. LENGTH OF STAY IN 1				rote limits, write R	URAL ond	give neares	st town)	J
Lutherv	PITAL (If not in hospital, g	ive street	oddraus)	d. STREET	Baltim	ore	2	101	-4	ic Accto	er i ce
OR INSTITUTION	V (ir nor in nospilor, g	ive sileer	Odoressy		11 Clu	h Dan	3			ON A F	ARM?
	Manor Nursi						a			YES 🗍 1	10 🗍
3. NAME OF DECEASED (Type or print)	Charlotte 1	Murdo	Middle	Jamiesoit Jamiesoit	st	4. DATE OF DEATH	October		Day	Yes	
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED		Ή		9. AGE (In years lost birthday)	IF UNDER		UNDER	
Female	White	WIDOWI	DIVORCED	Sept.	8.1869		89 yrs.	Months	Days	Hours	Min.
SCHOOL  10a. USUAL OCCUPAT  SCHOOL  13. FATHER'S NAME	TION (Give kind of work or ching life, even if retired) Teacher	lone 10b.	KIND OF BUSINESS OR IN retired		inia		ountry)	12. CI1	IZEN OF	WHAT C	OUNTRY
	VER IN U. S. ARMED FOR	crea la	social security no. In	Loui 7. INFORMANT	sa Col	le Mur					
Yes, no, or unknown	(If yes, give wor or dates of se	rvice		rs. Mary	C. Mur	dock	613 Cat		1 St.		
Conditions, if gove rise to couse (o), statin lying couse los:	g the <u>under</u> DUE TO  (c)		Heffer Constitution of the	usia rdetis	ere	acio	wy e		Li	ed !!	rest
PART II. O	THER SIGNIFICANT CON	21110142	OINTRIBUTING TO DEATH I	BOT NOT RECATED TO	J INE IEKMIN	AAL DISEASI	E CONDITION GIV	EN IN PAK		PERFORA	MED?
OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUI	RRED. (Enter noture o	of injury in Po	ort I or Part	II of item 18.)				
20c. TIME OF INJU Hour o. m p. m	10	While of work	Not while	PLACE OF INJURY foctory, street, office	(Home, farm, e bldg., etc.)	20f. (City	or town)	(0	County)		(Stote)
21. I certify alive an	that I attended the	deceas 195		ath occurred at	34	M, fram	reet, city or town,	and on th		stated	
220. BURIAL, CREMATI REMOVAL (Specif Burial			22c. NAME OF CEMETERY	V.OR CREMATORY			ION (City, town,	or county)	Va	(Stote)	
23. FUNERAL DIRECTO		ng.	ADDRESS	ew Place	24a. REC'D	BY REGIST	RAR 24b. REGI	STRAR'S SIC			

AT ELECANO STATE DEPARTMENT OF MEANING TRACES OF A STATE BOER AND ME ei II ISMATE ASSESS Soin of Isohell Come, Irea 1900 hope states for **CERTIFICATE OF DEATH** 

Reg. Dist. No. 1(1999)

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1. PLACE OF DEATH  o. COUNTY  Ba	ltimore		MA	RYLAND	2. USUAL RESI	DENCE (Whe	ere decease	d lived. If instituti b. COUNTY	on Residen Balti	LMOre	odmissi	on)
b. CITY OR TOWN ( RURAL ond give n	(If outside corporate limited town)	ts, write	c. LENGTH OF ST	AY IN 16	c. CITY OR	OWN (If ou	itside corpo	rote limits, write R	URAL ond	give near	est fown)	
OR INSTITUTION	TAL (If not in hospitol, grade Ave. &			Rd.	d. STREET A		& Ham	nonds Fe	rry Ro	1	ON A	DENCE FARM? NO 🔀
3. NAME OF DECEASED (Type or print)	CATHERINE	st	E Midd	dle	JOHNSON		4. DATE OF DEATH	Oct		30		eor 9 58
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MAR	RRIED 🗍	B. DATE OF BIRTI		0	9. AGE (In years lost birthdoy) yrs.	Months Months	Days Days	Hours	R 24 HRS. Min.
	ON (Give kind of work king life, even if retired SEWIFE	done 10b. K	IND OF BUSINESS	OR INDU		ACE (Stote o		ountry)	12. CII	IZEN O	TAHW	COUNTRY?
13. FATHER'S NAME George	e Hoch				14. MOTHER'S	MAIDEN N						
15. WAS DECEASED EVI [Yes, no. or unknown]	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		OCIAL SECURITY N		nformant a Grebe	2611	Hammo	nds Ferr		A		
Conditions, if a gove rise to it couse (o), stoling lying couse lost.	the under-	Cas	APTE	SELD	ARK SCLE	12081	z D	ISEAS		8	**	, 5,400,5
20a. ACCIDENT W	AS UNDERLYING	2720	RIBE HOW INJURY	Phi	フリメとノフ	75			EN IN PAR	T 1(o) 19	PERFOR	RMED?
(IF EITHER, NOTIFY  20c. TIME OF INJUI  Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Ye	While	JURY OCCURRED  Not while of work	20e. Pt.	ACE OF INJURY (I	Home, farm, bldg., etc.)	20f. (City	or town)	- (1	County)		(Stote)
21. I certify the alive on ACTUAL SIGNATURE	Standard the	decease 19 7 M		at death	Occurred at	1504	M, fran	TOLERS  In the causes of reet, city or town,	and an t		e state	
PHYSICIAN'S NAME (Type)	DWARD /	- /3 of	712 JULY 1	METERY O	R CREMATORY	2	nor.	=-30	M	gra X.	-AN	
BUNAL Specify	Nov. 3,	1958	Baltin	nore	Natl		Balti	more	Md.		(Stote	
23. FUNERAL DIRECTOR		C.L	ADDRESS			240. REC'D			STRAR'S SIG		E	
Dim Cook	Tno 1217	C+	Paul C+			DATE MO	1 2 1	50 1 0	-1 0	11		

uneral director, d be filed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 OR: After this certificate has been signed by the attending physician and campletely filled in by letached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 a burial, cremation, at removal, and in any event within 72 hours offer, death. the registrar prior to burial, cremation, ar removal, and in any event within 72 has page 3 shauld be detached for use as the burial-transit permit. TO HOSPITAL OR TO FUNERAL DI

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11022

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

11000

1. PLACE OF DEATH  o. COUNTY  Ba	ltimore		MARYI	LAND	a. STATE	ryland		ed lived. If institution b. COUNT		ce before o	odmission)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (If o	outside corp	orote limits, write	RURAL and g	ive neares	st town)
Fo	rt Howard		2 Days		Ba	Ltimor	e	3 ٧	01-4		,
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street o	oddress)		d. STREET	ADDRESS					IS RESIDENCE ON A FARM?
	s Administ	ration	n Hospital		370	09 Pas	cal S	treet			ES NO
3. NAME OF DECEASED (Type or print)	JOJ		Middle B.		JONES	st	4. DATE OF DEATH		onth 2°	Day 22	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARRI	EDE NEVER MARRIE	0 🗆	8. DATE OF BIRT	гн	950	9. AGE (In years last birthday)	IF UNDER	1 YEAR IF	
Male	White	WIDOWE	D DIVORCED		December	r 1, 1	.894	63 yrs		Days H	fours Min.
10o. USUAL OCCUPATIOn during most of work Electrici	king life, even if retired	)	KIND OF BUSINESS OF	RINDUS		LACE (SION)  Lhowie				S. A	WHAT COUNTRY?
13. FATHER'S NAME					14. MOTHER	S MAIDEN N	NAME				
Lem Jones					Jennie	e Stan	ley				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	17. II	VEORMANT		31.0	Ad	dress		
Yes	WWI		32-14-0922	Cl	in.Rec.	Vet.A	dm . Ho	spital,F	t.Howa	rd, 1	Maryland
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate (	)	ONTRIBUTING TO DEA							T 1(a) 19.	PERFORMED?
PART II. OTH	AS UNDERLYING CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OF	CCURRE	). (Enter noture	of injury in I	Port I or Pa	rt II of item 1B.)		YE	ES 🔼 NO 🗌
20c. TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER)	ar 20d. IN While of work	Nat while	20e. PL/	ACE OF INJURY tory, street, office	(Home, farm te bldg., etc.	20f. (Cit	y ar town)	(0	County)	(State)
21. I certify th	at Kattended the	decease	ed from Octobe	er 2	0 1958	_, to Oc	tober	22 1958	3 INDURATED	MAC X	Caraca
ACTUAL SIGNATURE	lua l'Gi	tan	and that		occurred at		ADDRESS (	m the causes street, city or town RD, MARY		ne date	stated above. DATE SIGNED 0/22/58
PHYSICIAN'S NAME (Type)	CHIEN WEI I	AN, N	M.D.			D mak make after after make after safer after					
220. BURIAL, CREMATIO REMOVAL (Specify) Burial		54	22c. NAME OF CEME Baltimor			Cem.		timore,		nd	(Stote)
23. FUNERAL DIRECTOR	s signature,	e, 19 Har	ADDRESS rford RdE	Balt	o.14,Md.		D BY REGIS		istrar's sic		

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: 11023 CERTIFICATE OF DEATH death, Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Baltimore MARYLAND eral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS 327 S. Payson Street GROVE SPRING STATE HOSPITAL 2 NAME OF First Middle 4. DATE filled DECEASED Jones Mary Emma Pages DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years last birthday) July 22, 1868 white DIVORCED | 90 iemale WIDOWED T papers. Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death. 0. H. puo hou sewi fe Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hugh Shaw Sarah 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Records: STATE no Unknown SPRING GRO VE attending 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO Generalized arteriosclerosis Conditions, if any, which GUY gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. burial-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Gangrenous urinary cystitis 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Haur a. m. Not while at wark at wark p. m 21. I certify that I affended the deceased from Sept. 193 pothat I last saw the deceased detoched , and that death accurred at 5 2. M, from the causes and an the date stated above. Se: actific M.D. ACTUAL DIR 3 should HOSPITAL PHYSICIAN'S Stella Wachsler, M. D. NAME (Type) Catonsville 28. Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page Burial altimore 29. Md. Loudon Park

**ADDRESS** 

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Edmondson

6 '58 arting & France

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

Reg. Dist. N

Months

e. IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOSBATAL

(County)

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(State)

12. CITIZEN OF WHAT COUNTRY?

Days

YES NO.

Year

19 58

Min.

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11024 CERTIFICATE OF DEATH

Reg. Dist. No. 11002

1. PLACE OF DEATH  o. COUNTY  Baltin	nore	MARYLAND	2. USUAL RESIDENCE OF STATE	E (Where deceose	d lived. If instituti b. COUNTY	on: Residence	before admission	n)
b. CITY OR TOWN (If outside RURAL and give nearest to	corporate limits, write wn)	c. LENGTH OF STAY IN 16	e. CITY OR TOWN		prote limils, write R	URAL and give	Well-English	1
d. NAME OF HOSPITAL HERO OR INSTITUTION RES 5743 EC	igewilly with all	oddie Home	d. STREET ADDRE				e. IS RESID ON A F YES	ARM?
3. NAME OF DECEASED (Type or print)	First Ann	Middle	Keim Lost	4. DATE OF DEATH	Mor	t. 11	Day Ye	58
5. SEX   6. CO	TOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH Dec. 30,	189	9. AGE (In years last birthdoy) 68 yrs.		YEAR IF UNDER	24 HRS. Min.
10o. USUAL OCCUPATION (Give during most of working life, None	kind of work done 10b. even if retired)	KIND OF BUSINESS OR INDU		(Stote or foreign of		12. CITIZE	EN OF WHAT C	OUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME				
George Wm	. Keim		Paul	ina Ric	ckert			
15. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If yes, giv	S. ARMED FORCES? 16. e wor or dates of service)		nformant r. Edwin	L. Kein	Add 1 1122 S		le Ave	
Conditions, if any, whi gove rise to immedic code (o), stoting the und lying couse tost.	DUE TO  (b)  DUE TO  (c)  (c)	ARTERN XC			CE CONDITION GIV	/EN IN PART I	PERFORA	JTOPSY
	ISE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of inju	ry in Port I or Pa	rt II of item 18.)			
20c. TIME OF INJURY Mon Hour a. m. p. m.	While		ACE OF INJURY (Home story, street, office bldg	g., etc.)	y or tawn)	(Cou	unty)	(Stote)
21. I certify that I a alive on	ttended the decear	sed from NOst	HERBER	ADDRESS (S	VE.	and an the	date stated	above E SIGNE
220. BURIAL, CREMATION, 22b REMOVAL (Specify) BURIAL	DATE THEREOF	Holy Cros			TION (City, town,		(State)	
23. FUNERAL DIRECTOR'S SIGNA JOHN F. DE	ATURE	ADDRESS 715 Light S	240	REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGN		

Sitting		CENTIFICATE OF I		
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MINING AND STATE DEPARTMENTS OF HEAT SIG

BI BROWNIAN

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11025 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY Raltimore MARYLAND Mary land Baltimore c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville 10 mthslldvs d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 6645 Loch Hill Road SPRING GROVE STATE HOSPITAL a c NAME OF First 4. DATE Middle Month Elizabeth Dunton (Type or print) Mary Keller DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years lost birthdoy) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Dec. 13, 1896 femal e white DIVORCED [ WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) housewife Virginia 13. FATHER'S NAME KOSCIUSKO 14. MOTHER'S MAIDEN NAME physicion Cosiesko 72 hours Dunton M arv Gertrude 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address unknown Unknown Records: SPRT NG **GROVE** please 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) T 4200 DUE TO Canditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED Hour o.m. factory, street, office blda., etc.) While Not while of work of work 19 58, to Oct. 31 21. I certify that I attended the deceased from Sept. 5 and that death occurred at 135 SPRING ACTUAL GROVE P PHYSICIAN'S AUDU FUNERAL Fagui

e. IS RESIDENCE ON A FARM?

Hours

U. S. A.

Doys

YES NO T

Year

19 58

HOSPITAL INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stote) \_\_\_\_\_, 1950, that I last saw the deceased \_\_P.\_M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) HOSPITAL Catonsville 28 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. 24a. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE 8 Krous

0 VS A15 (4) 15M 9/55

229 BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

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# FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be for deat to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for utilities. TO FUNERAL DINECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bac 1.3£ Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. AISME 5M 2/57

MARYLAND	STATE	DEPARTMEN	T OF HEALTH-	-BALTIMORE,	18
MEDIC	AI EY	AMINED'S	CEDTIFICATE	OF DEATH	

11004

Reg. Dist. No.

		b. CITY OR TOWN (If outside corporate limits, write BURAL ond give negrest town)  chase			USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     O. STATE Maryland     b. COUNTY						
	ь				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore						
	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address)			d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?						
	Di	undee Rd.	off Graces	Quarter	s Road	806	N. Patte	rson P	ark Ave		NO K
	C	NAME OF First Middle DECEASED (Type or print)  MAYSIE  B.		KEMP 4. DATE OF DEATH		Month October		29 19 58			
1	5. \$1	Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED   B	July 2319.	18 9.	AGE (In years out birthday) 39 yrs.	Months Do		Min.
	d	USUAL OCCUPATION Using most of workin Sales FATHER'S NAME	g life, even if retired)		of Business or Indust	RY 11. BIRTHPLACE (SIGN Virgin: 14. MOTHER'S MAIDEN	ia NAME	7)	USA	N OF WHAT	COUNTRY
+	_	Swinni				Cornie	Peterso	n			
	15).  Yes,	WAS DECEASED EVI	R IN U. S. ARMED FO (II yes, give wor ar dates of		AL SECURITY NO. 17. H	NFORMANT		Address			
7		no	no		E	dsel Wayn	e Bisho	p Sa	ame		
	CERTIFICATION	Conditions, if or gave rise to immed (o), storing the couse last.	liate cause DUE TO		BUTING TO DEATH BUT N	NOT RELATED TO THE TER/	MINAL DISEASE CO	ONDITION GIV	VEN IN PART 3{	(o) 19. WAS PERFO YES	AUTOPSY ORMED? NO 23
MEDICAL CERTIFIC	~	200. EXTERNAL CAL PRIMARY DE OF CON CAUSE OF DEATH.	ISE WAS ITRIBUTING []	Ran he	ose from ext	inter noture of injury in Po naust pipe i	nto auto				
	MEDICA	Hour o. m.	10/ ? 19		Not while of work	CE OF INJURY (Home, for ary, street, office bldg., et Street	(c.)	town)	(County Bal	timore	(State) Md
ı		21. I certify th	at Naok charge	of the remo	ains described abo	ve, held an Autap	sy , insp	ection 🔀	, Inquiry	, ar	nd in my
		opinion death	resulted fram:	Natural cays	es [], Accident	, Suicide ,		, Undete	ermined ma	DATE	SIGNED
		EXAMINER'S NAME (Type)	Paul F.	Guerin,	M.D.	ASSISTANT MEDI	CAL EXAMINER	)		10/30,	/58
	220.	BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREO		NAME OF CEMETERY OR	CREMATORY	Webe			(Sta	le)
	23.	James	Bruza:	druki	ADDRESS #2] 1407 Easte		C'D BY REGISTRAR	24b. REGI	STRAK'S SIGN		

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RYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
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11006

		110	28	CERTI	FIC/	ATE OF DEAT	Н		Reg. Di		10	00
	PLACE OF DEATH	ltimore Cou	unty	MARY	LAND	2. USUAL RESIDENCE (W. S. STATE Maryland.	/here deceosed	l lived. If institution b. COUNTY	n: Resider		e admiss	sion)
	b. CITY OR TOWN (III	f outside corporate limi	ts, write c.	LENGTH OF STAY	N 16	c. CITY OR TOWN (IF	outside corpor	rote limits, write RI	JRAL ond	give nea	rest town	1) V
	Towson		5	yrs. 26	day	Baltimore		3 V	01.	4		
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g The Sheppa: Hospital,	rd and Lowson	Enoch Pro	att	d. STREET ADDRESS 2130 Bolt	on Str	eet				IDENCE FARM? NO X
	NAME OF DECEASED (Type or print)	Mary		Middle		Lost <b>Kerr</b>	4. DATE OF DEATH	October	h	31		Yeor 1958
	remale	6. COLOR OR RACE White	7. MARRIED			B. DATE OF BIRTH August 24,	1868	9. AGE (In years lost birthdoy) 90 yrs.	IF UNDER Months	1 YEAR Doys		
10c	. USUAL OCCUPATIO	N (Give kind of work oing life, even if retired)	done 10b. KIN	D OF BUSINESS OF	RINDU	STRY 11. BIRTHPLACE (Stote	or foreign co	untry)	12. CI1	IZEN O	F WHAT	COUNTRY
-	School Tea	cher -Retir	red B	alto. Cit	y	Maryland	-Balti	more		U	. S. A	
	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Edward Ker					Sophie	Sinsz	1227				
15. (Ye	s, no, or unknown)	R IN U. S. ARMED FOR	ervice	TAL SECURITY NO.	17. H	NFORMANT		Addr	PSS			
_	No		Non			Hospital	Record	8				
		nmediate DUE TO	Bro Ger	ncho f	on	eu monia Arterio	geler	osis			EL AND EN	DEATH
A CERTIFICATION	PART 11. OTH Churue 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH	Synd 206. DESCRIBE	were c	lus	NOT RELATED TO THE TERM  10 Cesels  D. (Enter noture of injury in	al Ar	ferio 7	en in par	T 1(0) 19	PERFO YES	AUTOPSY RMED? NO
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	20d, INJUR While of work	Not while of work	20e. PLA foc	ACE OF INJURY (Home, for tory, street, office bldg., etc.	n, 20f. (City	or town)	(0	County)		(Stote)
	ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	at I attended the X 30  MMKL  W. W. 9	deceased 1 ., 1958 giv Elg		death	accurred of 6:10  N.D. Sheppa	AM, fram	31 1958 the causes are eet, city or town, s ATT HO -4, P	nd an t	last sa the data	e state	deceased ed above. ATE SIGNED
	BURIAL CREMATION REMOVAL (Specify) BUTIAL FUNERAL DIRECTOR'S	11/3/58		c. NAME OF CEMENT Loudon Pa		Cemetery		imore, Marker 1246. REGIST	ryla	nd	(Stote	e)

Orthun S. K.

VS A15 (4) 15M 10/57

23, FUNERAL DIRECTOR'S SIGNATURE

	THE REPORT OF THE PROPERTY OF
State Int. Soc. Co.	
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i Kii leene	

11029 CERTIFICA	AIE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH 3 allemore MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE	b. COUNTY ( )
	/11(2.1	I A I TO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b	BALTIMORE	te limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION & PRING & ROLE ST. H.	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
3. NAME OF First Middle	3301 103001	ZHA HUE. YES NO IL
3. NAME OF DECEASED. (Type or print)  First Middle	KEYES 4. DATE OF DEATH	October 12 19 5
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 2, (0, 1886 9	AGE (In years Jost birthday)  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign cou	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME O O O	MARGIANO	USH
Carl Greinesen	14 MOTHER'S MAIDEN NAME	Schuly
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) (If yes, give wor or dotes of service) 218-09-4691D	PRING GR. de	Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate cause (o), stoting the under- lying cause lost.  (c)	lungs with m	etestaria Interval Between ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE (	CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO THE
	ED. (Enter nature of injury in Part I ar Part II	of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while at wark at work	ACE OF-INJURY (Home, farm, clory, street, affice bldg., etc.)	r town) (County) (Stale)
21. I certify that lattended the deceased from 5/22 alive an 10/12, and that death ACTUAL SIGNATURE SHELLA Washer		the causes and an the date stated above pt. city or town, state)  DATE SIGNED  OF ST. H. 10/12/
PHYSICIAN'S STELLA NACHSLE	P	, , , v
220. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOGATIC	ON (City, town, or county) (State)
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LOVING Byons Funeral Ame Randell	Istoren DAJED 1 C 150	
	CCT 1 6 '58	Cothing Kinns

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar altending physician.

TO FUNERAL DI COR: After this certificate has been signed by the attending physician and campletely, filled in by page 3 shauld cordiached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

funeral director,

M

VS A15 (4) 15M 9/55

Reg. Dist. No.

	1. PLACE OF DEATH ROSEWO o. COUNTY  Baltimore	2. USUAL RESIDENCE o. STATE Mar	(Where deceases	d lived. If instituti b. COUNTY	on: Residence t	pefore admission)		
	b. CITY OR TOWN (If autside co RURAL and give nearest lown)	b. CITY OR TOWN (If outside corporate limits, write		c. CITY OR TOWN	(If outside corpo	orate limits, write R	RURAL ond give	nearest town)
$\mathcal{H}$	Owings Mills, Ma		la months	Baltimore	23, Mar	yland	3 VO	1-4
1	d. NAME OF HOSPITAL (If not in	n hospital, give street	oddress)	d. STREET ADDRE	SS			e. IS RESIDENCE
1	Rosewood State	Training S	School	1007 Boyd	Street			YES NO
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Mon	oth	Doy Yeor
	(Type or print)	David	Lee	Kiel	OF DEATH	10		10 19 58
	5. SEX 6. COLO	OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)		EAR IF UNDER 24 HRS.
	Male Whi			7/29/58		yrs.	Months Do	Hours Min.
	10a. USUAL OCCUPATION (Give ki	nd of work done 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (	State or foreign co	ountry)	12. CITIZE	N OF WHAT COUNTRY
	me on more many	en il tettred;		Maryla	nd - 8.00	1	U.S	.A.
	13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME			
	Charles Willia	m Kiel		Violet	Mae Cla	rk		
1	15. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress	
	110	ar ar dates of service)	mag 6000	Rosewood 1	Records			
i	18. CAUSE OF DEATH [Enter	only one couse per l	ine for (o), (b), and (c).}					NTERVAL BETWEEN
	PART I. DEATH WAS C	AUSED BY: Page	oncho-Pneumoni	a due to ac	ute bron	chitis	C	DISET AND DEATH
	500 X IMMEDIA	DUE TO	ortono-r mounton.	4 446 00 40	doc oron	CHLOTO		14 days
	Canditions, if any, which gove rise to immediate couse (a), stating the <u>underlying cause last</u> .	(b) DUE TO (c)						
	3 Hydrocephalus	with lum	contributing to DEATH BUT bar meningocel					PERFORMED? YES NO
	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	TING TO 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injur	y in Port I or Port	t II of item 18.)		
	20c. TIME OF INJURY Month, Hour a. m. p. m.	While		ACE OF INJURY (Home, ctory, street, office bldg.	form, 20f. (City , etc.)	or town)	(Cour	(State)
	21. I certify that I atterative an 10/10/58	nded the decea		19, ta accurred at 5 · 5	10/10/5 0 a <sub>M, fran</sub>	, 17		saw the decease
	ACTUAL SIGNATURE STATES	G. B	utlen	M.D. Own	ADDRESS YS	treet, city or town,	State)	DATE SIGNE 10/10/58
	PHYSICIAN'S Harry G	. Butler,	M.D.	Owings	Mills,	Maryland		*****
	220. BURIAL, CREMATION, 22b. D. REMOVAL (Specify)	ATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCAT	TION (City, town, o	or county)	(State)
	Burial 10	/11/58	Good Shepher	d	Ellic	ott City	Md.	
1	23. FUNERAL DIRECTOR'S SIGNATU	RE Man	ADDRESS Ellion TO	T ms/ 240.	REC'D 8Y REGIST	RAR 24b. REGIS	STRAR'S SIGNA	
la:	20 38/15	XVX	-111-011 (1)	4 100	1 4 50	Cooking	1 25. 1 0 0 0 0	

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I and 2 should be fifed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page may be retained by the haspital ar attending physician.

TO FUNERAL DI OR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 of the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

			ORIGINI 101	TIE OI DEAT			Reg. Dist. N	0.	
· PLACE OF DEATH · Baltimore	Co.		MARYLAND	2. USUAL RESIDENCE (V o. STATE Maryland	Vhere decease	d lived. If institution	n: Residence be	fare admiss	ion)
b. CITY OR TOWN (If au RURAL and give neore		s, write c. LEt	NGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carpo	orate limits, write RU	JRAL and give n	earest town	1)
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, gi	ve street oddress	)	d. STREET ADDRESS				e. IS RES	FARM?
354 Magnolia	Terrace	Balto.27	L, Md.	354 Magnoli	a Terr	ace Balto	. 21	YES	NO 🗆
NAME OF DECEASED	Firs		Middle	Last	4. DATE OF DEATH	Moni		/	Year
(Type or print)	There			1kowski B. DATE OF BIRTH	DEATH	000000	IF UNDER I YEA		1958
Stemale 6.		WIDOWED	DIVORCED	Sept. 28. 1	906	9. AGE (In years last birthday) 52 yrs.	Months Days		Min.
00. USUAL OCCUPATION during most of working	Give kind of work d	lone 10b. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stot	e or fareign o		12. CITIZEN	OF WHAT	COUNTR
Housewife				Balto. M	····				
3. FATHER'S NAME				14. MOTHER'S MAIDEN					
Louis Sz				Unkno	wn				
S. WAS DECEASED EVER IN (Yes, no or unknown)   (If ye	U. S. ARMED FOR (		L SECURITY NO. 17. 1	NFORMANT		Addr	ess		
		219-10	0-3161 M	r. Bernard K	ilkows	ki 354 Ma	gnolia	Terra	ce 27
18. CAUSE OF DEATH	[Enter only one cau	use per line for (	a), (b), and (c).]	,	-1		IN	TERVAL BE	TWEEN
	WAS CAUSED BY:	mu	ver in di	171	1	,	01	NSET AND	DEATH
112000	MEDIATE CAUSE (o)	1	10000	100	2000			ر - سا و	- Port
4.00.0	DUE TO	60 (	+ 11	11/				in	1
Conditions, if any, gove rise to imm		()	hal I	Monten	200	/		10	120
cause (o), stating the		1 1-	- /	11 11	1 1		-	01	
lying couse last.	(c)	thru	2000	1 Tlen	7 1	usini		04	~
PART II. OTHER	SIGNIFICANT COND	DITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEAS	E CONDITION GIV	EN IN PART 1(a)		PRMED?
20%. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	20b. DESCRIBE H	OW INJURY OCCURRE	D. (Enter nature of injury in	n Part I or Par	rt II of item 18.)			
20c. TIME OF INJURY		r 20d. INJURY	OCCUPRED 20e PL	ACE OF INJURY (Hame, for	m 20f (Cit	v or town)	/Caust		IStata
Hour o.m.	19	While _ N	for while fa	ctary, street, affice bldg., e		y or rowny	(County	71	(State)
p. m.	1.7	at work o	t work	- 62	10/10	1			
21. I certify that	I attended the	deceased fro	om. 4/23/5	0, 19 la	19/10/	2 8, 19	,that I last	saw the	decease
alive on 1/4	4/58	., 19	and that death	occurred at 10	A.M. froi	m the causes a	nd an the d	ate state	ed abov
	3 P 1	10 4	- W	0: - 8	ADDRESS (S	treet, city or town,	state)	D	ATE SIGN
ACTUAL	Nobel	VI	yden'	M.D. 8/5 E	osten	- hue		101	20/4
PHYSICIAN'S NAME (Type)	OBER	F5.	LYDEN	Bul	1.21	nd.		7	
20. BURIAL, CREMATION,	22b. DATE THEREO	F 22c.	NAME OF CEMETERY C	R CREMATORY	22d. LOCA	TION (City, town, o	r county)	(Stot	e)
REMOVAL (Specify) Burial	Oct. 22.1	958	SACRED	HEART	Bal	timore Co	. Marvl	and	
3. FUNERAL DIRECTOR'S S		1	DDRESS	240. REG	C'D BY REGIS		TRAR'S SIGNAT		
John & Too	molly )	7 0 Part	ann Mand Y	DATE	PT 9 1 10	18 0			

D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the haspital or attending physician.

D FUNERAL DIRE AND After this certificate has been signed by the attending physician and campletely filled in by the perent director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haur offer again. may be retained TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 15M 10/57

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Planter a forest U.S. He	CALL AND THE RESERVE A	13/11-01-015		
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A Company of the property		-W-552		
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ARTEST OF THE RESTREE

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 11032 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 121 o. COUNTY b. COUNTY filed MARYLAND death. erol b\_CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. EUY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH 9. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED THEVER MARRIED lost birthday) DIVORCED WIDOWED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life even if retired) nestic oug carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician hours remove TS. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 117. INFORMANT Address ease 18. CAUSE OF DEATH [Enter anly one cause per ling far (a), (b), and (c).] a PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO þ permit. any Conditions, if any, which (b) signed gave rise to immediate DUE TO couse (o), stoting the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH SO WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Hour o. m. While Not while of work at work 26 1958 that I last saw the deceased 21. I certify that I attended the deceased from, that death accurred at 1:30 RM, from the causes and an the date stated above. Betach ADDRESS (Street, city or town, state) ACTUAL

RAL DIS he registrar n pode 0 VS A15 (4)

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION.

REMOVAL (Specif

23. FUNERAL DIRECTOR'S SIGNATURE

DATE THEREO

22d. LOCATION (City. or county).

24b. REGISTRAR'S SIGNATURE Circhan S. Thank

Reg. Dist. No

Months

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

(State)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

U.S. a

Days

(County)

ON A FARM YES NO

1950

VGHL

22c. NAME OF CEMETERY OR CREMATORY

240. RECID BY REGISTRAR DATE

04911	E OF DEATH	CERTIFICAT	25011	
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Harris St. St. Sec.		or what die two		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	1	033	CERTIFICATE	OF	DEATH
ι	I	033	CEKTIFICATE	UF	DEAIL

Reg. Dist. No.11011

1. PLACE OF DEATH  o. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Batimore
b. CITY OR TOWN (If autside corporate limits, write RURAL and give neasest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  × Parkville
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3006 Taylor Avenue	d. street address  3006 Taylor Avenue  on a farm?  Yes No Ex
3. NAME OF DECEASED (Type or print) Mrs. Theresa Middle	Knighton death October 4th 1958
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED      temple white widowed   XX DIVORCED	B. DATE OF BIRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS.)  Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife	Baltimore, Md. USA.
? Hohman	14. MOTHER'S MAIDEN NAME
(Yes no or unknown) . If we was as dates of service)	Nrs. Eva C. Wiles, 3006 Taylor Ave. #1
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  USURAL	homelage Interval Between ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  DUE TO  (b)  DUE TO	Caturalus mulger
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, affice bldg., etc.)
21. I certify that I attended the deceased fram. Jan	1957, ta OUL 195P, that I last saw the deceased
alive on 24 t, 19 37, and that death	accurred at 4.35 M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
SIGNATURE Helling Aprica	M.D. 3100 Harfalla Ball 411 10.4.58
PHYSICIAN'S S. Elliot Harris	Baltimore, 14, Md.
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O Druid Ridge	R CREMATORY 22d. LOCATION (City, town, or county) (Stote) 2e Cemetery Baltimore, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard J. Ruck 5305 Harford Road	d #14 DATE 240. REC'D BY REGISTRAR. 246. REGISTRAR'S SIGNATURE

* A set rod as	OF DEATH			
	DRDAUNG!		hio-Kaled	111,200
			Various and	
	100 A		Just Theresa	
	9001 7			
	Jaccin and Inc.			
no Teritor Ave.	Cort. Michell 30			
				ythrus 1 III Al outs service
	Saldinare, It, Ma.		S. ylline hussi	
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		and the second	1. Puch 5305 E	

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11034 CERTIFICATE OF DEAT

11012

	11	207	CERTI	FICAT	E OF DEAT	П		Reg. D	ist. No	10.	L 100
1. PLACE OF DEATH o. COUNTY B	altimore		MARY	LAND 2.	o. STATE aryla	-	d lived. If instituti b. COUNTY		1 9	re odmiss	ion)
b. CITY OR TOWN ( RURAL and give in	If outside corporate limiters town)	ls, write	c. LENGTH OF STAY	IN 1b	Lutherv		rate limits, write f	RURAL ond	give ned	arest fow	1)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, of Hadding			/	d. STREET ADDRESS 6 Haddi	ngton	Rd.				FARM?
3. NAME OF DECEASED (Type or print)	LYD	IA	Middle	_	CRATT	4. DATE OF DEATH	Oct.	12,	Do	'	Yeor 19 58
s. sex Female	White	WIDOW		Jan		/	9. AGE (In years lost birthday) 79 yrs.	IF UNDE Manths	R 1 YEAR Days	Hours	R 24 HRS. Min.
100. USUAL OCCUPATION during most of work HOUSEK	king life, even it retired		omestic	R INDUSTRY	Germany	le or foreign co	ountry)	12. C		SA -	COUNTRY
13. FATHER'S NAME	The Man San			1.	. MOTHER'S MAIDEN	NAME					
	? Kam	nere	r		Unknow	m					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO			Add	lress	Lu	the	CVII
(Yes, no. or upknown)	(If yes, give war or dates of s	2	12-32-373	5 M	s. Jean	Fairf	ield,6	Hadd	ing	ton	Rd.
PART I. DEA  4443 X  Conditions, if a gove rise to i couse (a), stating lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (or DUE TO ony, which mmediate the under- (c)	)	Reute Hypertan	Con			Les be		2	ERVAL BEET AND	DEATH
200 ACCIDENT W	AS UNDERLYING  CAUSE OF DEATH		CRIBE HOW INJURY OF							PERFO	NO
	MEDICAL EXAMINER)										
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While at war	_ Not while_	20e. PLACE foctory.	OF INJURY (Home, far street, office bldg., e	rm, 20f. (City	or town)		(County)		(State)
21. I certify the alive an	at I attended the	deceas _, 19.5	ed fram. Jul 8, and that		curred at 3 /	2_M, fran		and an i		te state	
PHYSICIAN'S NAME (Type)	M. KE	VIN	QUINA	M.D.	1927	YORK	Rd.	1140	NIUI	<u>Y_1</u>	0/13/
220. BURIAL, CREMATIC	Oct 14,	958	22c. NAME OF CEME Greenmo		EMATORY Cem.		ION (City, town,	or county)		(Stot	p)
23. FUNERAL DIRECTOR William		son,	ADDRESS 1050 York	Rd.		C'D BY REGIST		STRAR'S SI			

TO HOSPITAL OR

· **	HIA		CERTIFIC			
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				of serve		one Frank

VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11035

CERTIFICATE OF DEATH

11000	<b>GENTINIO</b>	TIE OF BEATT		Reg. Dist. I	No.
1. PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Who o. STATE		nstitution: Residence b	efore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	LENGTH OF STAY IN 16	C. CITY OR TOWN (IF OR	0.3	write RURAL and give	nearest lown)
d. NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION CHUMLEIGH RO	dress) OAD	d. STREET ADDRESS	unleigh 1	20.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MARGARET A	MELIA	KRAUSE	4. DATE OF DEATH	Month 7	Day Year 19 Se
TEMALE WHITE WIDOWED!	DIVORCED	8. DATE OF BIRTH  JAN-13, 188	9. AGE (In last birth	years IF UNDER 1 YE Months Day	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (STOTE OF MARYLAN	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		1
GEORGE SPINDLER		ELIZA	BETH C	ALKITSMI	AN .
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)  Iff yes, give wor or dates of service)	CIAL SECURITY NO. 17. II	NFORMANT S.ROBERT C.	CLARK	Address ABU	NE
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	lerry - fet	Perotie Hem	A Disen		NTERVAL BETWEEN DISET AND DEATH
Canditions, if ony, which gove rise to immediate (b)	rome In	fections a	thinks		6 925
cause (a), stating the under- lying cause last.  DUE TO  (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTINUED A LOTTE CONTINUED A LOTTE CONTINUED A LOTTE CONTINUED A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITIO	ON GIVEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO X
	BE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II of item 1	8.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJU While of wark	Nat while fac	ACE OF INJURY (Home, farm, street, affice bldg., etc.)	20f. (City or town)	(Coun	ty) (State)
21. I certify that I attended the deceased alive an OCT. 28 , 195	fram. 6 / 6 8 , and that death	4 / 1/	T. 29 , 19		
ACTUAL SIGNATURE Parl L. Chaml	en		DORESS (Street, city or	tawn, state)	DATE SIGNE
PHYSICIAN'S DR EARL L.C	CHAMBERS	- BALTI	MORE-T	MARYL	AMD
BURIAL 10-31-58	BALTO.	R CREMATORY	BALTO.	own, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE H. WILLELENKINS & SONS CO.	ADDRESS VOV PO	BALTO DATE OC	0.0150	REGISTRAR'S SIGNAL arthur & K	,

to the second of	

HEALTH DEPT.

I

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the word "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for ur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, priar to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11014 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	THE REPORT OF THE PARTY OF THE	and a second		1/ EU/ 10 . Car			wea.			
1. PLACE OF DEATH	11036			2. USUAL RESIDENCE						ission)
	ltimore		MARYLAND	Mar Mar	yband	b. COUNTY	Balt	ımo	re	
b. CITY OR TOWN (If	outside corporate limits, write RU	RAL	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside cor	perote limits, write	RURAL one	d give n	eorest to	wn)
Edgem			5 years	X Edger	mere (	(19)				
	arrows Point			d. STREET ADDRESS / 2630 Sp	arrows	Point Rd	•		ON	A FARM?
3. NAME OF DECEASED (Type or print)	First DAVID		Marion K	Lost RECZMER	4. DATE OF DEATH	Month Octob	er (	Doy		Yeor 1958
5. SEX		MARRIE	D NEVER MARRIED			9. AGE Ilo years		-		ER 24 HRS.
Male	White w	IDOWED	DIVORCED	12/8/43		fort birthday!  The yes.	-	Doys	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work don	e 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stol	te or foreign o	country)	12. CIT	IZEN O	F WHAT	COUNTRY
Studen		Jr.	High Sch.	Baltir	more, N	Maryland	U	SA		
13. FATHER'S NAME				14. MOTHER'S MAIDEN		- V				
Louis	A.Kreczmer			Agatha I	Franki	Lewicz				
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE		SOCIAL SECURITY NO. 17.			Address				
(Yes, no, or unknown) NO	(If yes, give war or dates of servi	2]	12-40-0594	Agatha F.Kı	reczme	er Sa	me a	s #	2	
18. CAUSE OF DEAT	H [Enter only one couse	per line f	or (o), (b), and (c). ]					INTE	EVAL BETW	EEN
PART I. DEAT	H WAS CAUSED BY:		Asphyxiat:	ion					., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5021	DEPENDE					11 11 11 11 11				
Conditions, if or			Chronic Tr	racheobronch	hitis					
gave rise to immed	liate cause									
(a), stating the couse fast.	(c)									
PART II, OTH		IONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINALDISEAS	E CONDITION GIVE	EN IN PAR		PERFC	AUTOPSY DRMED?
PART II, OTH  200. EXTERNAL CAU PRIMARY II or CON CAUSE OF DEATH.	SE WAS 20b.	DESCRIBE	HOW INJURY OCCURRED.	Enter noture of injury in Po	ort I or Port II	of item 18.)				
20c. TIME OF INJUING Hour o. m. p. m.	Month, Doy, Year	While	NJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, for tory, street, office bldg., et	rm. 20f. (City	y or town)	(Co	unty)		(Stole)
	at I taak charge a	f the r	emains described abo	ove, held an Auton	osy 🗀 I	nspection [7]	Inquir	v 🗖	an	d in my
			auses 🕱 . Accident							
apinion dealit	resolved from: 190	12	doses [A], Accident	,	rumicide	. L., Onderer	mmeu i	munne		
ACTUAL SIGNATURE	Willia V	par	the state of the s	M.D. CHIEF MEDICAL					DATE :	SIGNED
EXAMINER'S	772772 77/7		· O	ASSISTANT MEDI	CAL EXAMINE	R 🔀				
NAME (Type)			t, Jr., M.D.	DEPUTY MEDICA	L EXAMINER [			10/	7/58	3
BURIAL CREMATIO	N. 226. DATE THEREOF	_	Oak Lawn Co			TION (City, town, o	- 2	ld.	(Stot	(*)
23. FUNERAL DIRECTOR	1 / - / /	10	ADDRESS		C'D BY REGIST				RE	
Watter 1	Trools Bra	elley	, brc. Dundall	k 22, Md DATE O	OCT 9 1	58 an	Chun S.	that	ul	
	1.8	FIV				4				

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TRAIT SOR!

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 44000

11015

11037	CERTIFICA	ATE OF DEATH	3 188		Reg. Dist. N	0.	
1. PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (Who. STATE Maryla		. If institution b. COUNTY		fore admission)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF o	utside corporate li	mits, write RU			
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS	ikesvil	Le		e. IS RESIDENT	
3. NAME OF First		19 Walker	Ave.			YES NO	
3. NAME OF DECEASED (Type or print) Genevieve	Middle Cecelia	Lahiff	4. DATE OF DEATH	Month Octobe		Day Yeor	58
5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED	B. DATE OF BIRTH	9. AC	E (In years		R IF UNDER 24	HRS.
 Female White WIDOWED	30	Dec. 24 1881 STRY 11. BIRTHPLACE (STOLE)	or foreign country	76 yrs.		OF WHAT COU	25
during most of working life, even if retired) Housewife Op	vn home	Maryland			U.	S.A.	7
 13. FATHER'S NAME	,	14. MOTHER'S MAIDEN N					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		Denlia J	ohnson	)Addre	esvil	le 8. 1	14
(Yes, no, or unknown) (If yes, give wor or dates of service)	None Mr	s Rose Mae	Gwver.		lker	Ave.	ıa
1B. CAUSE OF DEATH {Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		ocelus	ion		II	TERVAL BETWEE USET AND DEA	ZHZ
Conditions, if ony, which gove rise to immediate couse (a), stating the under-	terioscler	rosist of	Trype	ardi	tis		
PART II. OTHER SIGNIFICANT CONDITIONS CO	DINTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVE	N IN PART 1(o)	19. WAS AUTO PERFORMED YES   NO	)?
	RIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	ort I or Port II of	item 18.]			9
Hour o. m. While	JURY OCCURRED 20e. PLA Not while foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or to	vn)	(Count	y) (S	tote)
21. I certify that I attended the decease alive an Det 7. 195	d fram () 2, 2, and that death	accurred at 77	M, fram the	0		saw the dece	
ACTUAL SIGNATURE Mart	in ,	MD. Randa	ADDRESS (Street) C			10/29	
PHYSICIAN'S WM. E, MARI	in	THANDA	11510	YY A	1	Not 1	
220. BURIAL, CREMATION, REMOVAL (Specify)	22c. NAME OF CEMETERY OF	- 6	22d. LOCATION (	City, town, or	county)	(Stote)	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D	BY REGISTRAR		RAR'S SIGNAT		
TIXING TO JULIVERO	munche	8 MAL DATEDET	0 0 00				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained for the haspital ar attending physician.

O FUNERAL DIR

R: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs after death. may be retained TO FUNERAL DIR VS A1S (4) 1SM 10/S7

BRASILEO STADISTISSO DE LA SANTO

Anne Arunde.

Doys

(County)

e. IS RESIDENCE

ON A FARM?

YES NO DE

10

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

U.S.A.

. . . . 

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11030

CEPTIFICATE OF DEATH

	11003	CERTIFIC	AIL OI L				Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	II O. SIAIE _	DENCE (Whe	-	lived. If instituti b. COUNTY		nce befor		sion)
b. CITY OR TOWN	N (If outside corporate limits, write e neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If ou	otside corpor	rote limits, write R	URAL ond	give nea	rest tow	n)
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospital, give street of 27 Patterson Av	oddress)	/ d. STREET A 3627	Patte:	rson.	Ave.				FARM?
3. NAME OF DECEASED (Type or print)	First MAR Y	Middle KOTTL	ER LAI	urr	4. DATE OF DEATH	Mon Octo		Do		Year 1958
5. SEX Female	6. COLOR OR RACE 7. MARR	NEVER MARRIED	B. DATE OF BIRTI	Н	2	9. AGE (In years lost birthdoy) 74 yrs.				ER 24 HRS. Min.
10a. USUAL OCCUPA during most of w	ATION (Give kind of work done 10b. vorking life, even if retired)			LACE (Stote o			12. CI	TIZEN O		COUNTRY
13. FATHER'S NAME			14. MOTHER'S		AME			0.5	A	
Mic	hael Kottler		Susa	an Sun	dav					
15. WAS DECEASED E	EVER IN U. S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 17.	NFORMANT			Add	ess			
No		None M	rs. Hele	en L.	McCl	lain-362	7 Pat	tters	son	Ave.
	DEATH [Enter only one cause per lin DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		na of	Co	lou			PENS	TYND Y	DEATH
Conditions, if gave rise to couse (o), stotic lying couse lo	immediate ng the <u>under-</u> st. (c)									
CATI	OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(o) 15	PERFO YES []	RMED?
	WAS UNDERLYING TO 20b. DESC NG CAUSE OF DEATH FY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D. (Enter nature o	f injury in Po	ort I or Part	II of item 18.)				
20c. TIME OF INJ Hour o. n p. n	n. While	Not while	ACE OF INJURY (I ctory, street, office	Home, farm, bldg., etc.)	20f. (City	or town)	(	County)		(State)
21. I certify	that ( attended the decease	6, and that death	accurred at	1139	M, from	the causes a	nd on t			deceased
ACTUAL SIGNATURE	Mr Pouls	yall	м.о3о_	33	DORESS (Str	eet, city or town,	stote)	9	D/	ATE SIGNE
PHYSICIAN'S NAME (Type)	Paul M. Byerly	, M.D.		33 W.	Nort	h Ave.	130	ett	de	0
Burial Speci		Wagdlawn				ON (City, town, o		lary	(Stote	
23. FUNTERAL DIRECTO	h Armacost-4600	L'ibonton II ch	Α	24o. REC'D	BY REGISTA	AR 246. REGIS	TRAR'S SI	GNATUR d. ///a	Eus	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS. A15ME(5)

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please He execute the certified, writing the ward "pending" in pendil in Nem 18. Give Pages 1, 2, and 3 to the funeral discuss. Page He should be founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for filles.  TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baars of Health, The arrives are its designated agent, priar to burial, cremation, ar removal, and in any eyest within 72 hours after death.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

FOR STATE	5	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  Reg. Dist. No.
HEALTH DEPT		PLACE OF DEATH    2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
1 E 2 2 2	1	O. COUNTY BALTO MARYLAND O. STATE M. D. COUNTY BALT
E 2 2 3 181	-	b. CITY OR TOWN It outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
S. S. S. S.		10 (USDN 20 9m 5510 (USDN
Se cine		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) / d. STREET ADDRESS.
is need for the Board for the	) [	325 HohkEN RI) 325 HiLLEN RD. YES
delay retain retain se Stat	3	NAME OF DECEASED (Type or print) PAVM AVI O Aiddle Lost 4. DATE Month Doy Yeor OF DEATH O TO TO 19.
of the offer	5	SEX . 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH Y. AGE (In years   IF UNDER LYEAR IF UNDER
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The Case of	1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Pog Pog Pog		GEO. RILEE MAMIE ROBERTS
A Paris		5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address
omy omy	1	NO 22014185 ETHER LEE 325/426/EN
Train 4		18. CAUSE OF DEATH [Enter only one couse per lightfor (o), (b), and (c).]
Hem along it per and		PART 1. DEATH WAS CAUSED BY: ( O) DO BY
ans ans		442X DUE TO /// / / / / / / / / / / / / / / / /
al distriction of the second o		Conditions, if ony, which) (b) All bestensive Cardio-Nemal Vasculis;
or r		gove rise to immediate cause (a), stating the underlying DUE TO
min min		couse lost. (c) 1 SCD B.C. (b)
ficate s bending al Exa esed or rematit	0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUT PERFORM YES N
ward " F Medic uld be urial, c		
NER: The or of the or of the boar to be	10000	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (City or town) (County) (County)
Pog th		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and i
DR: ent,		opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
TA SO		M. 10171
of ted		SIGNATURE CALLES TO LONG CHIEF MEDICAL EXAMINER DATE SIGN
Me gang	2	ASSISTANT MEDICAL EXAMINER [

e. IS RESIDENCE ON A FARM? YES NO Doy Yeor 1958 UNDER TYEAR IF UNDER 24 HRS. onths Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH Sudden "Ular IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
YES NO NO (County) (State) nquiry and in my ined manner DATE SIGNED NAME (Type) POEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) ADDRESS 23. FUNERAL DIRECTOR'S ASIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT 1 0 '58 Cirthun S. Kraus

Residence before admission)

VS. A15ME 5M 2/57

MEDICAL DICAMINER'S CENTIFICATE OF DEATH 7 0 1 c THE STATE OF STREET AND PARTY OF STREET, SHAPE YOU WANTED

VS A1S (4) 1SM 10/S7

## **CERTIFICATE OF DEATH**

11020 Reg. Dist. No.

	Keg. Dist. 140.						
1. PLACE OF DEATH  o. COUNTY B & LTO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  b. COUNTY						
b. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town)	DORACE 7. MARRIED NEVER MARRIED NIVORCED NIVORCED NIVORCES?  OF WIDOWED NIVORCED NIVORCES?  OF WIDOWED NIVORCED NIVORCES?  OF WORLD FOR LAST WIDOWED NEVER MARRIED NIVORCES?  OF WORLD FOR LAST WIDOWED NEVER MARRIED NIVORCES?  OF WORLD FOR LAST NIVORCES?  OF WORLD OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  I.A. MOTHER'S MAIDEN NAME  OF WORLD OF BUSINESS OR INDUSTRY NIVORMANT  Address  OF WORLD OF BUSINESS OR INDUSTRY NIVORMANT  OF WORLD OF BUSINESS OR INDUSTRY NIVOR						
OR INSTITUTION	E OF DEATH  WINTED AT TOWN If solutide corporate limits, write c. LENGTH OF STAY IN 1b  ARYLAND  TY OR TOWN If solutide corporate limits, write c. LENGTH OF STAY IN 1b  AND OF TOWN If solutide corporate limits, write c. LENGTH OF STAY IN 1b  AND OF TOWN If solutide corporate limits, write c. LENGTH OF STAY IN 1b  AND OF TOWN If solutide corporate limits, write c. LENGTH OF STAY IN 1b  C. CLEY OF SOWN (If outside corporate limits, write RURAL ond give necessal lown)  3 VO 1. 4  AND OF HOSPITAL (If not in hospital), givertfeet organics)  4. STREET ADDRESS  4. DATE  6. COLOR OR RACE  7. MARRIED NOVE  7. MONTH NOVE  7. MARRIED NOVE  7. MARI						
1. PLACE OF PEATH   0. COUNTY   10 outside coppored limits, write   1. LENGTH OF STAY IN 10   0. STATE   1. COUNTY   1. COUN							
							during/neast at working life, even it retired)
PART I. DEATH WAS CAUSED BY:  JAMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last.  (b)  DUE TO  Lying cause last.	extec into Brain telementes 2 years						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?						
	ED. (Enter nature of injury in Part I ar Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the p. m. 19 While of work of work 19	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctary, street, affice bldg., etc.)						
alive on OF24, 1958, and that death actual signature Havy Lachman Physician's NAME (Type) Italian LACHMIN	n occurred at Be P. M. from the causes and on the date stated above.						
Situal 10-26-58 /Mit Ca	ACCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTLEPIACE, (Stote or foreign country)   12. CITIZEN OF WHAT CQUINTRY?    A CCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTLEPIACE, (Stote or foreign country)   12. CITIZEN OF WHAT CQUINTRY?    A CCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTLEPIACE, (Stote or foreign country)   12. CITIZEN OF WHAT CQUINTRY?    A CCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTLEPIACE, (Stote or foreign country)   12. CITIZEN OF WHAT CQUINTRY?    A CCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTLEPIACE, (Stote or foreign country)   12. CITIZEN OF WHAT CQUINTRY?    A CCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTLEPIACE, (Stote or foreign country)   12. CITIZEN OF WHAT CQUINTRY?    A CCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTLEPIACE, (Stote or foreign country)   12. CITIZEN OF WHAT CQUINTRY?    A CCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTLEPIACE, (Stote or foreign country)   12. CITIZEN OF WHAT CQUINTRY?    A CCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTLEPIACE, (Stote or foreign country)   12. CITIZEN OF WHAT CQUINTRY?    A CCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTLEPIACE, (Stote or foreign country)   12. CITIZEN OF WHAT CQUINTRY?    A CCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTLEPIACE, (Stote or foreign country)   12. CITIZEN OF WHAT CQUINTRY?    A CCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTLEPIACE, (Stote or foreign country)   12. CITIZEN OF WHAT CQUINTRY?    A CCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTLEPIACE, (Stote or foreign country)   12. CITIZEN OF WHAT CQUINTRY?    A CCUPATION (Cive kind of work done   10b. KIND OF BUSINES						
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Year 19.52 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH

on day PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?

> 1958, that I last saw the deceased , and that death occurred at 45 /M, from the causes and on the date stated above. DATE SIGNED

LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

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FOR STATE HEALTH DEPT. sany, please yr. Page rr files. of Health, TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessexette the certificate wind "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral direct a should be for deat to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard are its designated agent, priar to burial, cremotion, or removal, and in any event within 72 hours after death. I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 110//

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I rende of dentiti		2. USUAL RESIDENCE (Where deceased liv	ed. If institution: Residence before admission)			
Baltimo re	MARYLAND	1				
b. CITY OR TOWN (If autside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)			
Catonsville	2yrlmthlldys	Riverdale, Man	ryland /625.2			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pital, give street address;	d. STREET ADDRESS	e. IS RESIDENCE			
SPRING GROVE STATE HOS	PITAL	6120 -54th Avenue	YES NO D			
3. NAME OF First DECEASED (Type or print) Tillian	Middle	Lost 4. DATE OF DEATH	Month Day Year October 27 10 58			
	D XX NEVER MARRIED 1 8.	DATE OF RIGHTH 9. AC	GE the vegus   IEUNDER TYPE IF LINDER 24 HRS			
B. CHIVE DE TOWN IS ENABLE SERVICE STATE BURNE CLENGTH OF STAY IN 18  b. CHIV OF TOWN IS enable depreted broth, while FURAL CLENGTH OF STAY IN 18  c. CHIV OF TOWN IS CONDUCTED broth, while FURAL CLENGTH OF STAY IN 18  c. CHIV OF TOWN IS CONDUCTED broth, while FURAL and give mercetal town)  CETO TIS VILLE  d. NAME OF STATE HOSPITAL  SPRING GROVE STATE HOSPITAL  SPRING GROVE STATE HOSPITAL  S. SEK  6. COLOR OF RACE   7. MARRIED IN MIDDING   8. DATE OF BIRTH  (Type or print)  I. Illian  Little ORATH  OCTOBE 27  19 55  S. SEK  6. COLOR OF RACE   7. MARRIED IN NEVER						
during most of working life, even if retired)	IND OF BUSINESS OR INDUST	The state of the s				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
		Arleen Robinson				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of tervice) 3	ocial security No. 17. IN 16-05-1889 R					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  902.7  Conditions, if any, which (b) gove rise to immediate cause (a), stating the underlying (c).  PART II. OTHER SIGNIFICANT CONDITIONS CO  PART III. OTHER SIGNIFICANT CONDITIONS CO  PART II. OTHER SIGNIFICANT CONDITIONS CO  PART III. OTHER SIGNIFICANT CONDITIONS CO  PART III. OTHER SIGNIFICANT CONDITIONS CO	MIRIBUTING TO DEATH BUT N  HOW INJURY OCCURRED  To at work   Hemoins described abora  auses  Accident   Kinffe  fer, M. D.	ot related to the termy of disease confidence of right female (Caton) of the disease confidence of right female (Caton) of the disease of the	ONSET AND DEATH  CLUB COLOR  DIDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED?  YES NO   m 18.Pt. fell from chair  r (intertrochanteric)  wn) (County) (State)  Sville 28, Md.  ction [], Inquiry [], and in my  Undetermined monner []			
220. BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR		(City, town, or county) (State)			
Dul 1a1 10-27-30	Cadar Hi		Suitland Md.			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS C	DATE OCT 3 0 '58	246. REGISTRAR'S SIGNATURE  Orthun S. Kraus			

VS. A15ME 5M 2/57

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TO FUNERAL DI page 3 should be TO HOSPITAL OR

VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11023

11045

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1.	PLACE OF DEAT		2020	MARYLA		RESIDENCE (W	here decease	d lived. If institut b. COUNTY			
	b. CITY OR TOW	N (If outside cor		c. LENGTH OF STAY IN	1b X c. CITY	OR TOWN (IF	outside corpo	rote limits, write F			
	900	0 0	Mills								
	d. NAME OF HO	SPITAL (If not in		t address)	d. STRE	T ADDRESS				0.00	ON A FARM?
3.			First	Middle					oth		
L		Frank		Wilson	Lou		OF DEATH			22.	
5.	SEX	6. COLOR	OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF	IRTH		9. AGE (in years			
	Male	Whit	widov	VED DIVORCED	J   Mav	72. 78	378	80 yrs.	Months	Days	Haurs Min.
1134 Reisterstown Rd   Ves   No (1)			WHAT COUNTRY?								
	77		ir retired)	Ifred G Va	nderhil	+ Was	ching	ton Pa		II S	Δ
13.				TITEU GAVA	the second second second			COILLATA		U e D e	are.
	W	ilson I	oughman		Ţ	ennie	Godf	rev			
15.	WAS DECEASED	EVER IN U. S. Al	RMED FORCES? 16			CITILL	doar		ressi no	e Ma	11c Md
174	9.0	7.7	-	76-05-1551	Mrs	Emma 1	T. Tio	nghman	SILLE	LA Re	7
		DEATH [Enter o	nly one couse per		01	4	1 "	a surreit 9			
	PART I.			martine	Steam	10	hail	1100		ONSET	AND DEATH
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	Conditions	f any which )	/	15700	,	- 100	men.	0.11		3/	100
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Z				CONTRIBUTING TO DEATH	BUT NOT PELATER	TO THE TERM	INIAI DICEAC	E CONDITION OF	(FAL 1AL DA)	DY 1/-> 10	WAS AUTORS
ATIC				CONTRIBUTION TO DEATH	DOT NOT KEENIEL	TO THE TERM	IIANE DISENS	E CONDITION GIV	PEN IN FAI		PERFORMED?
FF	20g. ACCIDENT	WAS HNDERLYH	NG 🗆 20b DE	SCRIRE HOW INJURY OCCI	IPPED /Feter note:	a of labor is	Post I or Post	11 -6 ia- 10 t		Y	ES   NO
	OR CONTRIBUT	NG CAUSE C	OF DEATH	SCHOOL HOW HOOK! OCC	JAKED. (EIIIGI IIOIO	e or injury in	raniarran	i or nem to.,			
MEDICA	Hour a.	m,	While	B Not while	e. PLACE OF INJUI foctory, street, o	Y (Home, form ffice bldg., etc	n, 20f. (City	ar tawn)		(County)	(State)
	21. I certify	that Latten	ded the decea	sed from appell	19.5	5. to 6	ctober	-22 1958	Write RURAL and give nearest town)  Is    e. IS RESIDENCE ON A FARM? YES   NO		
Decinity Decomposite limits, write current of the property of					stated above						
	0	1	@ lm	ail a	accorred.					ne dale	e. IS RESIDENCE ON A FARM? YES NO DO DOY YEOR 19 58 AR IF UNDER 24 HRS. HOURS MIN. OF WHAT COUNTRY S. A.  MILLS, Md. e.  Reisterst ITERVAL BETWEEN NSEL AND DEATH SEL AND DEATH SEL AND DEATH OF WHAT COUNTRY (Stote)  Saw the deceased ate stated above DATE SIGNED  (Stote)
		anence	E 1/1	William	No. 1190	4 Karote	stour	If Keist	Esoles	Ings Mills, Mde lasterst  Wings Mills, Mde lasterst  Interval between onset and death of the date stated above.  (County) (State)  Interval between onset and on the date stated above.  OATE SIGNED	
	PHYSICIAN'S NAME (Type)	Clarer	nce E. N	McWilliams,	Md. 119	04 Re:	ister	stown R	ld, M	ld.	
220			TE THEREOF	22c. NAME OF CEMETER	RY OR CREMATOR		22d. LOCAT	ION (City, town,	or county)		(State)
	ביייים ביייים	1 Oat	21, 7058	Daniel De	Jan Com	0+0000	D:1-	00001770	0	1/2	
_	LULIA	L IVI G	ZT.1970	Drula Mi	UE COL	erer.A	LIK	EZATITE	0 .	MIC .	
23.	FUNERAL DIRECT	OR'S SIGNATURE		Called the Charles Sales and Sales a	/ neggi	1			STRAR'S SI	GNATURE	

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neral director,

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1046	CERTIFICATE	OI DEAI

E OF DE	Reg. Dist. No. 1 100 RESIDENCE (Where deceased lived. If institution: Regidence before admission		Not 1 000
USUAL RESIDEN	ICE (Where deceased live	d. ff institution: Residence	before odmission

	1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	o. STATE Maryland b. COUNTY Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  × Parkville
	d. NAME OF HOSPITAL (If not in hospitof, give street oddress) OR INSTITUTION  8008 Ridgely Oak Rd	d. STREET ADDRESS 1 8008 Ridgely Oak Road e. IS RESIDENCE ON A FARM? YES \( \) NOLEM
	3. NAME OF DECEASED (Type or print) Mr. Albert	Maher Death October 23rd 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED DEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  Dec. 6, 1878  9. AGE (In years lost birthdoy) 79 yrs.  PUNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
	(00. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)  Liston are foreman  3. FATHER'S NAME	Baltimore, Maryland USA
	Frank Maher	14. MOTHER'S MAIDEN NAME
	(Yes no or unknown) . If was own was as dates of service)	rs. Clarabelle Maher, same
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying couse lost.  (c)	M & VWW My INTERVAL BETWEEN ONSET AND DEATH
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO
		D. (Enter noture of injury in Port f or Port It of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for hour o. m. 19 White Not while of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctary, street, office bldg., etc.)
	21. I certify that I oftended the deceased from 70 Mm, alive on 70 Mm, 19 50, and that death	n occurred at & M, from the couses and on the date stated above  ADDRESS (Street, city or town, state)  DATE SIGNEY  M.D. 8604 Harford Road  10/23/58
-	PHYSICIAN'S Howard Goodman  220. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OF	Baltimore, 14, Maryland
	REMOVAL (Specify) 10/27/58 Holy Rede	emer (em.   Baltimore, Maryland
	13. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DI OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 si the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

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		Mas ford Toe	

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

> 11047	CERTIFICA	ATE OF DEATH		- Disk No
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where de		g. Dist. No.
O. COUNTY BALTIMORE	MARYLAND	o. STATE	b. COUNTY	AIT 1
	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside	PURAL DISPAN	1,610,
RURAL and give nearest town)	C. LENGTH OF STAT IN TO	1	corporate limits, write KUKAL	ond give nearest town)
OBLYO. CO.			OUNTY.	24
<li>d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION</li>	ddress)	d. STREET ADDRESS		e. IS RESIDENC
		411. URIO	LE AV	T YES NO
B. NAME OF First DECEASED	Middle	Lost 4. D/		Day Year
(Type or print) CATHERINE	5 AMMA	MALLY	ATH COOT	6 19 5
	ED TO NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years [IF U	NDER 1 YEAR IF UNDER 24 I
FEMALE WILLTE WIDOWED		NOV 7 1901	lost birthday) Moi	nths Doys Hours Mi
0a. USUAL OCCUPATION (Give kind of work dane 10b. K	thread thread	STOV 11 DIDTUDE CE (State or fore	5/ yrs. /	2 CITIZENI OF WILLT COLU
during most of working life, even if refired)	IIAD OF BOSIIAESS OK IIADO	SIKI II. BIKINFDACE (Sidle of fore	ign country)	2. CITIZEN OF WHAT COUL
HOUSENIPE		MARYLA	ND	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
JOHN MOX		ANNA		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	OCIAL SECURITY NO. 17. 1	NFORMANT	Address	
(in you, give was as carried)	10	SEPH J MAL	LY 4160	ORIOLE AL
1B. CAUSE OF DEATH [Enter only one cause per line			1/60	INTERVAL BETWEE
		OCCLUSION		ONSET AND DEAT
	CONTE	000000000000000000000000000000000000000		SUDDEN DE
00000	0-111131	Untito	1-110-	1. 201
Conditions, if any, which (b) CO)	RONARY 1	MIERY DIS	EASE	6 WEEL
gave rise to immediate cause (a), stating the under-				1
lying cause last. (c) HYP	ERTENSIVE	F HEART L	DISEASE	6 YRS
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOF
3				PERFORMED YES NO
200. ACCIDENT WAS UNDERLYING TI 20b. DESCR	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I a	r Part II of item 18.)	its [] ito
OR CONTRIBUTING CAUSE OF DEATH				
	JURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm,   20f.	10'	
Hour o. m. While	Not while to	ctory, street, office bldg., etc.)	(City or town)	(County) (St
p. m. 19 at work	ot work			
21. I certify that I attended the deceased	d from NOU	2 . 195/ to 00	T_6, 1958, the	at I last saw the dece
alive an OCT- 3, 195		occurred at \$30 PM,	from the course and	an the data state to
	To and man deam		SS (Street, city or town, state)	
SIGNATURE A OSEN 2	her. Or	115 9 7	AVIDO A	1/6
SIGNATURE	frace	M.D. 100 0.1	AJLUR /	1981
PHYSICIAN'S OOSEPH	MICELI	MO. BALTIM	ORE 21	MD.
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O			
REMOVAL (Specify)	11 - 1 1 5		OCATION (City, town, or cou	nly) (State)
BURIAL 10/10/58	HOLY PE	DEEMER		MARYLAN
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'D BY RI	150	
John & bonnelled 4	18 Eastern	GARLAN DATECT 9	'58 arthur	S. Traus

may be retained TO FUNERAL DIREC VS A15 (4) 1SM 10/S7

ne haspital ar attending physician.

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ALL WATER AND AND				
	12 185			
				in administration of the control of
		of the world by the		

10929 CERTIFICATE OF DEATH director, iled with PLACE OF DEATH a COUNTY filed a. STATE b. COUNTY MARYLAND Baltimore eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town) Arbutus Arbutus d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION 5515 Osage Ave 5515 Osage Ave 2 NAME OF First Middle 4. DATE Month DECEASED (Type or print) Julian DEATH Oct. Mann 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) M. W. death. WIDOWED | DIVORCED T June 20,1914 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Contractor puo Own pan ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Corl certificate Harry J. Mapp Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Yes CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] a PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, 20e. PLACE OF INJURY (Home, farm, Year 20d. INJURY OCCURRED 20f. (City or town) MEDI factory, street, office bldg., etc.) Q. fl. While Not while 19 of work of work. 21. I certify that I attended the deceased from ACTUAL pri RAL DIS FUNERAL C TO HOSPITAL PHYSICIAN'S NAME (Type) John C. Healy, M. D. 1305 Francis Ave. Balto. 27. Md. 725. DATE THEREOF 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Balto.National Balto.Md. Buria 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR

15M 9/55

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Balto. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO T Year Day 1958 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? USA 229-10-7105 Mrs Naomi Mapp. 5515 Osage Ave. Arbutus INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TH (County) (State) 1958 that I last saw the deceased and that death occurred at STOPM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or county) (State) 24b. REGISTRAR'S SIGNATURE Witzke Funeral Dir. 4101 Edmondson Ave. arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	AMICON IN CALL OF	no Marcalle.	Tuest Dir. 410	

# FOR STATE HEALTH DEPT. files. Health, Page DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessing the certificate should be certified to the function of the certification of the ce

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11028

11070	Keg, Dist. No.
1. PLACE OF DEATH O. COUNTY (1)	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
10 ALTO MARYLAND	O. STATE M. d. b. COUNTY BALTO
b. CITY OR TOWN (It outside corporate limits, write RURAL and give negrest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
TONSON (1), mail	53 DONDALK 22
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	130 PLDWORTH Rd. 9. IS RESIDENCE ON A FARMY
3. NAME OF DECEASED (Type or print) (Type or print)	ATINUZIONI) 4. DATE Month Day Year OF DEATH OF TENDER 9 19.5 S
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE IIN yours IF UNDER 14EAR IF UNDER 24 HFS.
WIDOWED DIVORCED .	ARR 2, 1898 BO yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if refired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF V/HAT COUNTRY?
MILK MAN MILK KETAIL	77733
173. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. 1	MAKCAKET MIKAN
(Yes, no.fer unknown) (If yes, give war or dater al service)	NFORMANT Address
785 NW 1 213-14-4511-1	CLEN OCONOR INAKTIN- SHINE
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	1 1170m1 003/5 Sudden
4-dO. I DUE TO	
Conditions, if ony, which (b)	
(o), stating the underlying DUE TO	
couse fost. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	YES NO
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter nature of injury in Part I or Part II of item 18.}
	ACE OF INJURY (Home, form, 120f. (City or town) (County) (State) tory, street, office bldg., etc.) (
Hour p. m. 19 While Not while of work of work	ory, sireel, office blog., etc.)
21. I certify that I took charge of the remains described abo	ove, held on Autopsy , Inspection , Inquiry , and in my
opinion death resulted from: Natural causes . Accident	
1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	DATE SIGNED
SIGNATURE MARILES / ODDERER	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S Charles F.O'DONNE	ASSISTANT MEDICAL EXAMINER   1079/18
220. BURIAL, CREMATION, 22b. DATE THEREOF	CREMATORY 22d. LOCATION (City, lown, or county), (State)
Bury 10/13/30 CITIHED	RAL BALTO, Md
23. FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
willy link / Leady / Court	DATE OCT 1 4 '58 arthur S. Thous

execute the certain, ate, v 4 shauld be for ded ded TO FUNERAL DIRECTOR; 0 VS. AISME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

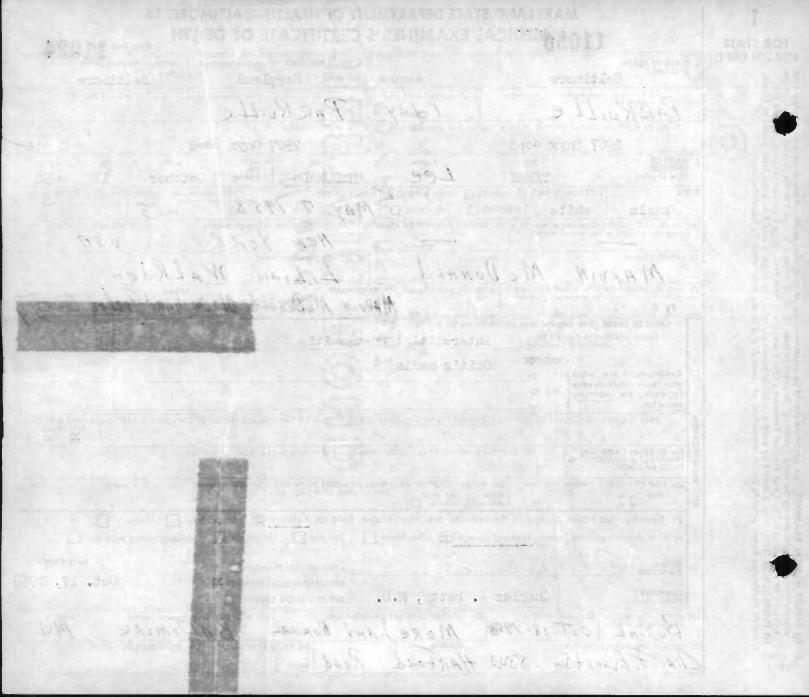
THE DESTRUCTION OF DEATHS B. Late More sensor marchael Contra Depth of the Control of the Control

FOR STATE or. Page our files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessare the controls, writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral standard be founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1105 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. to 1)24

	e of DEATH DUNTY Balti	more	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  a. STATE  Maryland  b. COUNTY  Baltimore			
b. CIT	Y OR TOWN (If outside of outside outs		c. LENGTH OF STAY IN 16		outside corporate limits, write RURAI		
d. NA		Onyx Road	pital, give street address)	d. STREET ADDRESS	7 Onyx Road	e. IS RESIDENCE ON A FARM? YES NO P	
3. NAMI DECE (Type	E OF	First TAMMY	Lee	Losi McDONALD	4. DATE Month OF DEATH October	Day Year 17 19 58	
5. SEX		hite WIDOWE	ED NEVER MARRIED 8.	DATE OF BIRTH	958 9. AGE (In years leaf birthday) yrs. 1 Maet	IDER TYEAR IF UNDER 24 HRS.	
10a. USU during	JAL OCCUPATION (Giv.	e kind of work done 10b. F even if retired)	CIND OF BUSINESS OR INDUST	New New	or foreign country) 12.	CITIZEN OF WHAT COUNTRY?	
	MARUII	y McD	ONALL	14. MOTHER'S MAIDEN N	NAME WALKE	CH	
	r unknown)	S. ARMED FORCES?	I A A	FUIN Mc DEN	ALL-OLLORCHARD	Torter Court	
Carlon (a), can		OUE TO  (c)  NIFICANT CONDITIONS CO	Otitis media	OT RELATED TO THE TERM	INALDISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO NO	
	EXTERNAL CAUSE WAS MARY OF CONTRIBUT ISE OF DEATH.	SING DESCRIBI	E HOW INJURY OCCURRED. (E	nter noture of injury in Por	t I or Part II of item 18.)		
MEDICAL 20c.	Haur a.m. p.m.	While	1 4	E OF INJURY (Home, form ry, street, office bldg., etc.	20f. (City or town)	(County) (State)	
ACT SIGI	No. of Part College	arles S.	couses R. Accident Couses Retty, M.D.		Homiciae []. Undetermine KAMINER [] AL EXAMINER [8]	ond in my ed monner DATE SIGNED Oct. 17, 1958	
220. PUR	TAL CREMATION, 226 OVAL (Specify)	DATE THEREOF	22c. NAME OF CEMETERY OR MORE LA	CREMATORY  Memorial	22d. LOCATION (City, towar or cour	re Md	
23. FUNE	ERAL DIRECTOR'S SIGN	ATURE 4502	HARTORL	ROAD PARE 2	D BY REGISTRAR 246. REGISTRAR'S	S SIGNATURE Kraha	
aVV	IVVVVXV	IV			200,000		



VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10911

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Baltimore		MAR	LAND 2.	USUAL RESIDENCE (W. STATE Maryland	here deceased lived	o. COUNTYB	Residence bel altimo	ore odmiss	ion)
b. CITY OR TOWN (If outside corporation)  RURAL and give nearest lown)  Dundalk	rate limits, write	5 years		c. city or town (if Dundalk		nits, write RUR	AL and give n	earest town	)
d. NAME OF HOSPITAL (If not in he or institution 2818 Plainf:	ield Ro	oddress) A. d	1	d. STREET ADDRESS 2818 Pla	infield	Road			IDENCE FARM? NO 🍱
3. NAME OF DECEASED (Type or print) JO	First HN G	Middle LEEN		INNEY	4. DATE OF DEATH	Month		-,	Yeor 19 58
s. sex   6. color o   white		NEVER MARRI	had	ate of Birth ine 9,191		4 1 .4 1 more	Onths Days	-	R 24 HRS. Min.
10o. USUAL OCCUPATION (Give kind during most of working life, even Carpenter	f raticael)	kind of Business of ailding I	rade	Burnsvi	lle,N.C.		USA	OF WHAT	COUNTRY
13. FATHER'S NAME	***		1	MOTHER'S MAIDEN					
David R.Me				Ella Bu	rnette				
15. WAS DECEASED EVER IN U. S. ARA  (Yes no or unknown)  YOS  (If yes, piye wor o	dates of service)	14-16-354		gie D.Mc	Kinney	Address	,	£2	
18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUS IMMEDIATE () Canditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last.	ED BY:	Gorona Myo Co	11/1/	Thron	n bos is h ron.	IC	Or	TERVAL BE NSET AND	DEATH  MO.
PART 11. OTHER SIGNIFICA  PART 11. OTHER SIGNIFICA  200. ACCIDENT WAS UNDERLYING	G 🗆 20b. DES			RELATED TO THE TERM			I IN PART 1(a)	PERFO	AUTOPSY PRMED? NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH								
Y 20c. TIME OF INJURY Month, E Haur o. m. p. m.	While	NJURY OCCURRED Not while	20e. PLACE factory	OF INJURY (Hame, for street, affice bldg., et	m, 20f. (City or to	vn)	(Caunty	1)	(Stote)
21. I certify that I attend olive an 1030  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) David H	A H-60	and that	deoth oc		6 1 /	venue	d on the de	ote stote	
220. BURIAL, CREMATION, 22b. DATE BURIAL Specify) 11/		22c. NAME OF CEM Riversi		EMATORY	22d. LOCATION (		county)	(Stote	P)
23, FUNERAL DIRECTOR'S SIGNATURE	Q 11	ADDRESS	ndell		D BY REGISTRAR		AR'S SIGNATI	URE	

ALDROAD EXAMINER'S CENTRICATE OF BEATH 

11032

052 CERTIFICATE O

	LIUDZ CERTIFICATE OF DEATH Reg. Dist. No.	
M	o. COUNTY  Bal timore County  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admis o. STATE  b. COUNTY	sion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Catour le	n)
14	d. NAME OF HOSPITAL (If nat in hospital, give street oddress)  OR INSTITUTION  d. STREET ADDRESS  ON A	SIDENCE A FARM? NO
		Year 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  SET NOTE: Not birthday)  WIDOWED DIVORCED DIVORCED 7. MARRIED DOYS Hours  ON THE WIDOWED DIVORCED DIVORCED NOTE:	Min.
	00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT  OWN HOME  OWN HOME	
I	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unknown) (If yes, give wor or dates of service) Une Howard Records: Frien Grove State Horn-	tre
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brown on a Dehydration Unclinion 422.	
	Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying cause lost.  (b) Aytemoscleratic landwrancular Disland.  (c) Shurkity	
2	5 49/X	AUTOPSY ORMED?
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work of work 19 of work 19 Not while of work 19 Not work	(State
	21. I certify that I attended the deceased from 3, 1918, to 00, 4, 1948, that I last saw the alive an 00, 1918, and that death accurred at 3. 1918, from the causes and an the date state	
	ACTUAL Buno Kadawskas M.D. Spring (2008 Sit. HOspital 1)	O/Y/S
1	PHYSICIAN'S BRUNO RADAUSKAS Catonsville 28 Md.	
	22c. NAME OF CEMETERY OR CREMATION, 22d. LOCATION (City, town, or county) (Stote BUNCH LEGIST) Oct. 8,1958 Mt. Carmel Cemetery Bultimore, and	le)
V.	ADDRESS ADDRES	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 4 VS A

NE OF HEALTH-SALTIMORE, 18	emynased etata,	MANY I AM
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TO HOSPITAL OR

VS A15 (4) 15M 10/57

# M I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11053 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH** 

11033

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Baltimore	)	MARY	LAND	2. USUAL RE o. STATE	SIDENCE (Who	ere deceased	l lived. If instituti b. COUNTY	770 00	ce before		sion)
b. CITY OR TOWN RURAL ond give Catong		ts, write	c. LENGTH OF STAY	IN 1b	arrest alle	atons		rote limits, write R	URAL ond	give near	rest town	n)
	PITAL (If not in haspital, c				d. STREET	ADDRESS	Rd.			•	ON A	FARM?
3. NAME OF DECEASED (Type or print)	Gertru		Middle E .			ost	4. DATE OF DEATH	Mon		Day 16	,	Year 19 58
5. SEX			IED NEVER MARRIE		B. DATE OF BIR	хтн		9. AGE (In years lost birthdoy)	IF UNDER	-		
House	TION (Give kind of work orking life, even if retired Owife	dane 10b.	KIND OF BUSINESS O Home		STRY 11. BIRTH		or fareign co Md .	ountry)	12. CIT	IZEN OF	F WHAT	COUNTRY
	John B. F1			117 10	NFORMANT	Mary	E. W	litte				
(Yes, no. or unknown)	(If yes, give wor or dates of s	ervice)		Ed	_	McNan	ev Hi	Add				
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	immediate g the under-	High DITIONS C	CONTRIBUTING TO DEA	neo	NOT RELATED T	TO THE TERMIN	NAL DISEASE	6/20/5	VEN IN PART	1(0) 19	PERFO	AUTOPSY PRMED? NO D
20c. TIME OF INJU	10	While	Not while at work	20e. PLA foc	CE OF INJURY tory, street, offi	(Home, form, ice bldg., etc.)	20f. (City	or town)	(0	ounty)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		190 Jale G.J.		TERY OF	A.D. 6.20 Back CREMATORY	9 Fre	drie	the causes of reet, city or lown, the cause of the causes of the causes of the cause of the causes of the cause of the cau	and an th	e date	e state D/C-/4 (State	ad abave ATE SIGNED 2-50
Farley 1	Funeral Ho	me C	Catonsvil	le	Md.	DATE	OCT 2 1	'58	arting	8. tc	aud-	

THE REPORT OF THE PROPERTY OF STOREST STREET

VS A15 (4) 15M 10/57 0

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11054 CERTIFICATE OF DEATH

77003	Keg. Di	st. No.
1. PLACE OF DEATH O. COUNTY Bolting MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resider o. STATE b. COUNTY	ce before admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
RURAL and give negret town)	X Kingsuille	
d. NAME OF HOSPITAL (If not if hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Cedar Lane, Dingsuille	Cedar Lane	YES NO A
3. NAME OF DECEASED (Type or print) M 2 Y 4	MIKIAS ATE Month OF TEATH OCT.	Day Yeor 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	Jan. 30 1867 Gyrs. Months	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CII	IZEN OF WHAT COUNTRY?
Housewife Home	czechos/aurcia	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
unkown	unknown	
	INFORMANT Address	,
no none m	rs. Katherine miklas ced	ar Lane
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	$\mathcal{L}$ .	INTERVAL BETWEEN ONSET AND DEATH
1450,0 IMMEDIATE CAUSE (o) Lyon i	7100	bye week
0 10 10	eralic	
gove rise to immediate	610317	
couse (o), stating the under-		100
lying couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO [2]
200. ACCIDENT WAS UNDERLYING CONCRETED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Not While Not while of work of work	LACE OF INJURY (Home, form, 20f. (City or town) (cotory, street, office bldg., etc.)	County) (State)
21. I certify that I attended the deceased from A-G	1958 to Oct. 1958 that 1	last saw the deceased
alive on Det. 8, 1958, and that death	- 45	
	ADDRESS (Street, city or town, stole)	DATE SIGNED
SIGNATURE William a. Jyso	M.D. Mingsville Ma	10-10-5
PHYSICIAN'S William A. Tyson	· · · · · · · · · · · · · · · · · · ·	
220. BURIAL, CREMATION, REMOVAL (Specify)  BUYIOL 10/13/5-8 2000 PO	OR CREMATORY  OR CREMATORY  OR CREMATORY  DRUG CITY  OR CREMATORY  OR CREMATORY  DRUG CITY  OR CREMATORY  OR CREMATORY	(Stote) md
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	
Toosahn Funeral Home 2401 Bola	in Red DATE OCT 1 4 '58 arthur &	

	HEARD TO ST	CERTIFICA	13011
			Barbara Colombia
and hybricately will no loss forest all a mile of the part of the		All march	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR moy be retoine

VS A15 (4) 15M 9/\$5

11055

Reg. Dist. No.

	PLACE OF DEATH  O. COUNTY  B. C. O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catenseils  31y, 10m, 9days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Spring Grave State Hospital	d. STREET ADDRESS ON A FARMY YES NO D
	N. NAME OF First Middle DECEASED (Type or print) William	Lost   4. DATE   Month   Day Year   OF   DEATH   / U   5   1958
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED M  Male Divorced D	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Doys   Hours   Min.    12-21-01   7 yrs.
	0a. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired)	Virginia America
	3. FATHER'S NAME William Miles	Minnie Martin
	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give wor or dates of service)  VES World Warlthhown  RE	cords Staing Grave State Haspital
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Cardiac failure	INTERVAL BETWEEN ONSET AND DEATH
γ	Conditions, if any, which gove rise to immediate couse (a), stating the under:  DUE TO  Bilateral branche  DUE TO	opneumonia
	Iying couse lost.   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES 10 NO
	OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part 1 or Part 11 of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 of work of work of work of the p. m.	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.) (City or town) (Caunty) (State)
	21. I certify that I oftended the deceased from July 1, olive on 10/5, 19.58, and that death signature  PHYSICIAN'S GERTRUDE, J. FLEISCHIJAN  NAME (Type)	, 1955, to Oot, 53, 1958, that I last sow the deceased occurred of 125P M, from the couses and on the date stated above.  ADDRESS (Street, city or town, state)  M.D. Spring ST Haspilons  Catonsville 28, Maryland
	226. NAME OF CEMETERY OF BUL! 121 10-8-58 Baltimore	
	Howard H. Hubbard 4107 Wilkens Av	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT 1 0 '58 Contour S. Known

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	Service Complete Company of the Complete Complet
	Figure 1 - Line 1917 - Line 1917
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	ava unestiam your meriding the wind

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained to be hospital ar attending physician.

O FUNERAL DIRECTA: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death.

may be retained TO FUNERAL DIRE

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11056

**CERTIFICATE OF DEATH** 

11037

Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Bullings
	b. CITY OR TOWN (If autitor carporate limits, write RLRAL and give ricorest town)  Curnas Mills  2 ( Mass	c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest tawn)
	d. NAME OF HOSTITAL At not in hospital, give street address) OR INSTITUTION  A dene	d. STREET ADDRESS)  17 Kitters Lane  e. IS RESIDENCE ON A FARM? YES NO X
	3. NAME OF DECEASED (Type or print)  Ada CHANE	MILLS 4. DATE Month Day Year OF DEATH October 16 1958
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   DIVORCED	B. DATE OF BIRTH  Ouly 23 1899  9. AGE (In years list UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUduring most of warking life, even if retired)	11. MRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	R. Howard Harrison	Elina Chaney
	15. WAS DECEASED EVER IN 8. S. ARMED FORCES?  (Yes no or unknown)  (If yes, give wor or dotes of service)  2/3-38-5074	Mr. Millas Mills Owner Mills Md
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  MONARY	Kromboars / Interval Between ONSET AND DEATH
	Canditions, if any, which ) (b)	
	gave rise to immediate cause (a), stating the <u>under-lying cause tast.</u> DUE TO  (c)	
)	САТІ	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	OR CONTRIBUTING LI CAUSE OF DEATH	ED. (Enter nature of injury in Part I or Port II of item 18.)
		ACE OF INJURY (Home, form, clay, street, office bldg., etc.) (City or town) (County) (State)
	21. I certify that I attended the deceased from October	16, 1957, tallaland 16, 1958, that I last saw the deceased accurred at 2 50 AM, from the causes and an the date stated above.
	ACTUAL SIGNATURE Clarence & M. Williams	ADDRESS (Street, city or jown, store)  DATE SIGNED  M.D. Reinteratown Maryland Ort 16 1955
	PHYSICIAN'S CLARENCE E. MCWILLIAMS	
	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTROL OF CEMETERY CO	(Sidile)
	23. FUNERAL DIRECTOR'S SIGNATURE C. M. Waltz, Winfield, Md.	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE OCT 2 0 '58 Carthury S. Husus

	HA, STOMMORE MITATING OF THE METATE SHAFT AND							
MAINE DAY	TIGHT CERTIFICATE OF DEATH IN THE							
	X							
		100 C		V=NS+HS				
		FLOOR						
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		Tall I						
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The last of the la								
				*				

	PLACE OF DEATH? 11057	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY / Saltimore MARYLAND	o. STATE Md. b. COUNTY
XV '	b. CITY OR TOWN (It outside corporate limits, write RURAL and give negres) (own)	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE
90	812 Kegister AOE Arman,	2026 N. Calvert St.
- 1	NAME OF DECEASED (Type or print) First (Bentlen) (Type or print) File (Bentlen)	tchell 1. DATE OF Month Doy Year of 1958
5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years lost birthday)  Dec. 5. 1876  9. AGE (In years lost birthday)  Months Doys Hours Min.
100	b. USUAL OCCUPATION (Give kind of wark done of 10b. KIND OF BUSINESS OR INDUS- during most of warking life, even if retired)  Nurse (rts)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15.	William Frank Mitchell  WAS DECEASED EVER IN U. S. ARMED FORCES? 1, no. or unknown) (It yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17.	Ida Virginia Benson INFORMANT Address
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	Mrs. Thomas Cummins - Hopkins Apts.
130	PART I. DEATH WAS CAUSED BY:	Emb dism ONSET AND DEATH
	9046 DUE TO	2
	Conditions, if any, which) (b) Poplitual Veir	n Thrombophlebitis (Kyht)
	gave rise to immediate cause (a), staling the underlying cause last.  DUE TO  (c) Fracture, respectively.	ght femur
2 10110		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	CAUSE OF DEATH.	(Enter nature of injury in Port I or Part II of item 18.)
2	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PL. While Not while for	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.) (City or town) (Caunty) (State)
1/0	p. m. 19 at work at work	Store Baltimore Maryland
3 N IGH		ove, held on Autopsy (24), Inspection   , Inquiry   , and in my
3 Neb	21. I certify that I took charge of the remains described ob	
3 V WED	opinion death resulted from: Natural causes Accident	
WED WED	opinion death resulted from: Natural causes Accident	Suicide , Homicide , Undetermined monner DATE SIGNED
2	opinion death resulted from: Natural causes Accident  ACTUAL SIGNATURE  ACTUAL SIGNATURE	Suicide, Homicide, Undetermined monner
3 V W	opinion death resulted from: Natural causes Accident	Suicide , Homicide , Undetermined monner   M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
2	opinion death resulted from: Natural causes Accident  ACTUAL SIGNATURE CALLES SETUP  EXAMINER'S NAME (Type)  D. BURIAL, CREMATION, 122b. DATE THEREOF REMOVAL (Specify)  REMOVAL (Specify)  22c. NAME OF CEMETERY O	Suicide, Homicide, Undetermined monner
2	opinion death resulted from: Natural causes Accident  ACTUAL SIGNATURE CALLES SETUP  EXAMINER'S NAME (Type)  D. BURIAL, CREMATION, 122b. DATE THEREOF 122c. NAME OF CEMETERY OF REMOVAL (Specify)	Suicide   Homicide   Undetermined monner    M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED  ASSISTANT MEDICAL EXAMINER   10/5/38  DEPUTY MEDICAL EXAMINER

Total and the state of the stat 

## FOR STATE HEALTH DEPT.

or. Page r files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessated the certificate, writing the word "pending" in pencil in Hem. 18. Give Pages 1, 2, and 3 to the funeral distributed be 18. Give Pages 1, 2, and 3 to the funeral distributed be 18. Give Pages 1, 2, and 3 to the funeral distributed be 18. Give Pages 1, 2, and 3 to the funeral distributed by 18. The FUNERAL DIRECTOR: Page 3 should be used as a byrial-transit permit. File pages 1 and 2 with the State Baar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Res

		1	1	039	
Rea.	Dist.				

		-		-							
1. PLACE OF DEATH	Baltimore		MARY	AND	2. USUAL RESIDI		leceased lived. If in b. CO	UNITY	dence befo		ion)
b. CITY OR TOWN (IF			c. LENGTH OF STAY	-	C CITY OF TO	ATSTICE	e corporate limits,				n)
Catonsvi	lle		9mths12dy			et, Mar		Alle KONNE O	0	8 X	2
d. NAME OF HOSPITA	L OR INSTITUTION (	f nat in hos	pital, give street address	)	d. STREET ADE	DRESS		45			EARM?
SPRING CRO	WE STATE	HOSP	ITAL		Pomf	ret, Ma	ryland			YES 🔲	
3. NAME OF DECEASED (Type or print)	Thoma		Middle	N.	lost	4. DA OF DE		ober	Doy 22	Yes	58
5. SEX			D NEVER MARRIED				9. AGE (In yes	IF UNDE	R TYEAR		
male	white	WIDOWE				1888	70 664	yrs. Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work of life, even if retired)	done 10b. K	IND OF BUSINESS OR	NDUSTR			ign country)	12. CI	TIZEN OF	WHAT C	OUNTRY?
farmer					Mar	yland			U. S.	. A.	
13. FATHER'S NAME					14. MOTHER'S MA	AIDEN NAME					
Unknown					Unkn	own					
15. WAS DECEASED EVE	R IN U. S. ARMED FO	service)	SOCIAL SECURITY NO.	17. IN	FORMANT		Add	Iress			
ves	W. W. I		Unknown	R	ecords:	SPRINC	GROVE	STATE	HOS	PITAL	
18. CAUSE OF DEAT	H [Enter only one cou	se per line	for (o), (b), and (c).]						INTERV	AL BETWEEN	N
PART I. DEAT	H WAS CAUSED BY:	P	ulmonary ab	sces	ses					nie geni	
902	7 DUE TO										
Conditions, if or		B:	ron chopneum	onia							
gave rise to immed (a), slating the u		-						1.11			
couse lost.	) (c)	Inan:	ition - Sen	ile	brain di	sease					
PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH	BUT NO	T RELATED TO TH	E TERMINALDI	SEASE CONDITION	GIVEN IN PA	RT 1(a) 19	WAS AU	
3 4910			emorrhage						Y	-	NO 🗌
PART II, OTH H 9 X X X X X X X X X X X X X X X X X X	SE WAS		HOW INJURY OCCUR					Pt. sl	ipped	i fro	m
		ed, s	triking for	ehe a	d - he h	as had	repeated	trauma	to h	nead	due '
20c. TIME OF INJUR	Y Month, Day, Yes	78 While	NJURY OCCURRED Not while rk at work	loctor Host	OF INJURY (Hor y, street, office blo Dital	me, farm, 20f. dg., etc.)	f skull i	ound of	n X-I Naru	actu ays.	Mos)
The state of the s	of I took charge		emoins described								in my
			ouses . Accid					-	, permy		
ACTUAL	Let.	27.7	inff	ı	M.D. CHIEF MED					DATE SIG	SNED
EXAMINER'S NAME (Type)	George 1	4. Kie	ffer, M. D.			MEDICAL EXAMIN				10-	23-58
220. BURIAL, CREMATIO REMOVAL (Specily) 23. FUNERAL DIRECTOR	N. 22b. DATE THEREO	57	ADDRESS /	RY OR C	Nation	12/A	OCATION (City, to	wn, or county)	Va.	(State)	
TreHunt	- Funeral	Hon	re, Waldon	F.N	. 1			allun E.			

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death, Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11059

CERTIFICATE OF DEATH

11040

		GEICHH.	GATT	OI DEA.			Reg. Dist.	No.	
1. PLACE OF DEATH a. COUNTY Ba.	ltimore	MARYLAN		USUAL RESIDENCE (*  D. STATE  Mar	where decease	d lived. If institution b. COUNTY		befare admi	
b. CITY OR TOWN RURAL and give to Baltin	(If autside carparate limits, write nearest tawn)	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (I		orate limits, write R	URAL and give	e nearest tax	wn)
	ITAL (If nat in haspital, give street	3 - 5 -		d. STREET ADDRESS		· ,		e. IS R	ESIDENCE
OK INSTITUTION	3930 Taylor A	ve.	1	3930 Ta	ylor	Ave.			A FARM?
3. NAME OF DECEASED (Type or print)	Dora She	eler Nash		Last	4. DATE OF DEATH	Man 1	0-11-5	Day 58	Year 19
5. SEX	6. COLOR OR RACE 7. MARI	HED X NEVER MARRIED	-	ATE OF BIRTH		9. AGE (In years Jast birthdoy)		YEAR IF UNI	
female	white widow			-30-1894		64 yes.			
during mast af wo	ION (Give kind af wark done 10b. orking life, even if retired)  EW1fe	KIND OF BUSINESS OR IN	IDUSTRY	Marylan		country)		S.A.	AT COUNTR
3. FATHER'S NAME			14	MOTHER'S MAIDEN					
Нот	ward Sheeler			Josephi	ne Sm	ith			
	FR IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 1	7. INFOR	MANT		Add	ress		
no		none	Ch	arles L.	Nash	ab	ove		
422, Canditians, if gave rise to cause (a), staling lying cause lost	DUE TO  any, which immediate DUE TO  DUE TO	ardiac fail aronic myoc arterioscle	ard	ic vascu	lar d:	isease,d	liabet		eks 5 yrs
OR CONTRIBUTION	VAS UNDERLYING   G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCU	RRED. (E	nter nature of injury	in Part I ar Pa	rt II af item 18.)			FORMED?
20c. TIME OF INJU Haur a. m. p. m.	JRY Manth, Day, Year 20d. I While	NJURY OCCURRED 20e  Nat while of wark		OF INJURY (Hame, fo street, office bldg.,		y or tawn)	(Cau	inty)	(Stote)
21. I certify to alive an	Dr. Richard F	glor		curred at 7	P. M. fran		and an the state)	date sta	ited abav
REMOVAL (Specify Burial		22c. NAME OF CEMEYER Poplar G			Coc	Keysvil	le, Mo	d.	ate)
BOOKS A	r's signature (Servic	e 622 York Towson 4	Rd Md		OCT 1 5		Thun S. 9		

heral directar, be filed with TO FUNERAL DIR. OR. After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after-death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

VS A15 (4) 15M 9/55

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	, Bremac Tari		
	.eva cotrar berrie	A SECTION OF TRAINING	
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	25 1001.07.		
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and paren		TO TELEVISION OF THE OWNER.	
		profession of the party and	Marin Magari

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. 2. USUAL RESIDENCE (Where deseased lived. If institution: Residence before befo PLACE OF DEATH o. COUNTY files. Page b. COUNTY MARYLAND C. LENGTH OF STAY IN 16 b. CITY OR TOWN HE OUT c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) enfest town) anone ine funeral divine funeral divine funeral divine for the State Board for the State Board. d. NAME OF HOSPITAL OR INSTITUTION (If no in hospital, laye steel address) d. STREET ADDRESS e. IS RESIDENCE ON A FARA YES NO 3. NAME OF DATE Middle Year DECEASED OF DEATH (Type or print) 19 6. COLOR GR. MACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS with may last birthday) 5 may 2 with Months Days Hours Min WIDOWED DIVORCED pup 100. USUAL OCCUPATION (Give Mind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most provoking life, eyen if retired) 11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF WITAT COUNTRY? 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [If yes, give war as dates of service] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) burial-transit Office DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO Examiner (o), stating the underlying couse lost. D the word "pending" Chief Medical Exami 3 should be used as or to burial, cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF REATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (State) (County) factory, street, affice bldg., etc.) While Not while o. m. writing to the C. Page 3. at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy 🛛 Inspection [ Inquiry and in my rded 1 EX opinion death resulted from: Addident Suicide N Natural causes Hamicide Undetermined manner designated BATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE should be f ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER DE NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. CEMETERY OR CREMATORY 22d. LOGATION (City, town, or county) (State) REMOVAL (Spaily) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE OCT 2 8 '58 Citing

VS. A15ME 5M 2/57

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	OR: After this certificate has been signed by the attending physician and campletely filled in by the	be Vetached far use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 shows be filed with	(
	ed in by th	and 2 sh	
	mpletely fill	pers. Pages	
	cian and ca	e carbon pa	iar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.
	ending physi	lease remay	thin 72 havr
	by the att	it. Then p	ny event wi
sician.	been signed	ransit perm	I, and in a
ending phy	ficate has b	the burial-t	ar remava
spital or att	er this certi	far use as	, crematian,
d by the haspital ar attending physician.	DR: AF	be Vetached	or to burial
407	CIC	alled	

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11061 **CERTIFICATE OF DEATH** 

	771	OT	CERTIFIC	ATE OF D	EAIL			Reg. D	ist. No	,	
1. PLACE OF DEATH	7			2. USUAL RESIDE	NCE (Wh	ere deceased	lived. If institut		nce befo	re admiss	ion)
	Baltimo	re	MARYLAND		rylar	nd	B. COUNTY	Balt	imor	e:e	
b. CITY OR TOWN ( RURAL ond give n		_	GTH OF STAY IN 16	\/ _			rote limits, write f	URAL ond	give ne	arest town	1)
4 111115 05 11000	Baynesvil					rille					
OR INSTITUTION	TAL (If not in hospital, give : 8609 Black Oa			d. STREET ADD		Lack 0	ak Rd.				FARM?
3. NAME OF	First		Middle	Lost		4. DATE	Moi	ul.	Do		Year
(Type or print)	Raymon	d	H.	Newheiser		OF DEATH		ct.			4-
S. SEX	6. COLOR OR RACE 7.			B. DATE OF BIRTH					13		1958
Male		DOMED []	DIVORCED []		1894		9. AGE (In years last birthday) 64 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work dane king life, even if retired)	10b. KIND O	F BUSINESS OR IND	USTRY 11. BIRTHPLAC	CE (Stote	or foreign co	ountry)	12. C	TIZEN C	F WHAT	COUNT
Agent	king life, even it refired)	Inst	rance	Ba	al tin	nore.	Md.		USA	1	
13. FATHER'S NAME				14. MOTHER'S M					002		
	Ronnand No	wh of a ov			(0.0						
IS WAS DECEASED EVE	Bernard Ne	wheiser		INFORMANT	Annie	S MIR	eman				
[Yes, no, or unknown)	(If yes, give wor or dates of service	1					Add				
No		215-0	5-4223 Mr	s. Margare	et V.	Newh	eiser 8	609 E	Black	c Oak	Rd.
18. CAUSE OF DEA	ATH [Enter only one couse	per line for (g)	(b) and (c).)	`	, ,		10	0	INT	ERVAL-BE	TWEEN
PART I. DEA	TH WAS CAUSED BY:	Les be	Men	and I	1	66	1-17	X	ONS	SET AND	DEATH
260	DUE TO	1160	7	1		- cua	of grand				
	/	11/1/		- 11		110	Ouses	-l	1. 1	1.	1
Conditions, if a		100	andy	1000	my	Kor			/	07	-lo
couse (o), stoting		1)	111	1 =	11	1				0	
lying cause last.	(6)	Les	begin	) sell	ul	Ma	)		1/	Un	elas
PART II. OTI	HER SIGNIFICANT CONDITI	ONS CONTRIB	UTING TO DEATH BU	IT NOT RELATED TO T	HE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED?
200. ACCIDENT W	S UNDERLYING 206	. DESCRIBE HO	OW INJURY OCCURR	ED. (Enter noture of i	njury in F	Part I or Part	II of item 18.)				
(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
		20d. INJURY O	CCURRED 20e. F	LACE OF INJURY IHO	me form	20f (City	or town!		Cauchil		151-1
20c, TIME OF INJUR Hour a. m.	10	While No	t while	octory, street, affice b	ldg., etc.	)	or rown,		(County)		(Stote
₹ p. m.	IY O	t work at	work			4					
21. I certify_th	at-lattended the de	ceased from	n /	1970	10le	loter	3, 195	that I	last so	w the	decea
alive on le	loter 13	195	and that deat	b occurred at	,49	M from					
	10	100		y geconed dig		ADDRESS (St	reel, city or town,	stote)	me do	ie stote	er sici
ACTUAL /	dord	-1	12.1.6	+9	50	I	0	11.	-		1
SIGNATURE	MAI X	11	Cruy	M.D.	1	4	- Alexander	CL-	7	5-1	
PHYSICIAN'S NAME (Type)	Lpert/	ES	1 Kdx	SAV	/			0			
220. BURIAL, CREMATIC REMOVAL (Specify)		22c. N.	AME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, town,	or county)	,	(Stat	e)
Burial	Oct. 17,19		reland Me	morial Par	k	F	Baltimore	M M	de		
23. FUNERAL DIRECTOR	SSIGNATURE	AD	ORESS	2	4a. REC'E	BY REGISTI			GNATU	RE	
assalance	tuningle To	anse	74016Belo	ii. Rd. o	ATE OC	T 1 6 '58	3 0	Thun 8	4		

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may be retained the haspital or attending physician.

TO FUNERAL DISC. After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 houry after deeth. I

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OR

VS A1S (4) 1SM 9/55

		1104	·						Keg. Di	81. 140.		
1. PLACE OF DEATH o. COUNTY Baltimo	re		MARYLAN		STATE		re deceased	lived. If institution b. COUNTY	on, Resider Frede	rick	odmissi	on)
b. CITY OR TOWN	(If outside carporate limit	s, write	c. LENGTH OF STAY IN	1b c.			tside carpor				est town)	
Fort Ho	ward,		41 Days		Frede	rick		10	2//	2		
d. NAME OF HOSE OR INSTITUTION Veteran	PITAL (If not in hospitol, gi	ive street on	Hospital	d			reet			•	ON A	FARM?
			······································					A4	al			
(Type or print)	RANDO	DLPH	00 00 mm mm				OF DEATH	October		1	1	958
5. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED					9. AGE (In years lost birthday)				-
Male	Colored	WIDOWE	D DIVORCED	] Ar	ril l	2,189	2	66 yrs.	Munins	Days	Hours	Min.
Laborer	IION (Give kind of wark d arking life, even if retired)			Work	Fred	erick	, Mar					COUNTRY
	T			14.								
		CECO INC.	COSIAL COSILINAVA LIGATION	17 1015004		ina 5	Tide					
(Yes, no or unknown)		wvice)				Vet.A	dm . Ho:			ard.	Marv'	land
- COINT CROWN (if cottide corporate limits, write RURAL and give nearest town)  Fort Howard,  O. LENGTH OF STATE MARY IN ID  Fort Howard,  O. LENGTH OF STATE IN ID  LIDAYS  Frederick  O. LENGTH OF STATE IN ID  Fort Howard,  O. LENGTH OF STATE IN ID  LIDAYS  Frederick  O. LENGTH OF STATE IN ID  LENGTH OCTOBET  O. LENGTH OCTOBET		THS  UTOPSY MED?										
	NG CAUSE OF DEATH FY MEDICAL EXAMINER)											
Hour o. m	19	While	_ Nat while	factory, s	reet, office	ome, farm, bldg., etc.)	20f. (City	or tawn)	(	County)		(State)
ACTUAL				eath accu	rred at_	2:50P	M, from	the causes of teet, city or town,	and an t		state	
PHYSICIAN'S NAME (Type)	CHIEN WET I	AN, M	.D.		VAH F	r HOW.	ARD, 1	10			10	0/3/5
220. BURIAL CREMAT	ION. 22b. DATE THEREO	F	22c. NAME OF CEMETER	RY OR CREA	ATORY		22d. LOCAT	ION (City, town,	or county)		(State	)
REMOVAL (Specif	(v) Oct. 7, 1	1958	Raltimore N	Jation	al					and		

SERVER ALVANOR DESIGNATION OF THE STATE OF TO LIEU DEPENDENCY OF CHEMICAL had a wall of the same for your special

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	1	1063	3 CERTII	FIC.	ATE OF DEA	TH		Reg. Dis	it. No.		
1. PLACE OF DEATH o. COUNTY B	altimore		MARY	LAND							on)
RURAL and give ner	arest town)	DU LANGE	c. LENGTH OF STAY	IN 16					jive neare	est town)	
d. NAME OF HOSPITA	L (If not in hospitol, g	ive street o	ddress)				Road			ON A	FARM?
3. NAME OF DECEASED (Type or print)	OTTO	'st	THEODORE	-	NORTHEN	4. DATE OF DEATH			Doy 9		
5. SEX Male	6. COLOR OR RACE White	WIDOWE	DIVORCE		•		9. AGE (In years lost birthdoy) 63 yrs.				Min.
B. CCIVAT Baltimore  b. CCIV OR TOWN (If outside corporate limits, write BURAL and give nearest lown)  Buth and give nearest lown)  Supplies ville (Coventry)  A Supplies ville (Coventry)  Buth and give nearest lown)  Bu	COUNTRY										
13. FATHER'S NAME Adloph T.	Northen										
(Yes, no, or unknown) (1	If yes, give wor or dates of s	ervice)		1.4		ds	Add	lress			
PART I, DEAT	H WAS CAUSED BY:		1 1		01				INTER	T AND [	DEATH
Conditions, if an	y, which )		METAST	ATIO	c CARCINOT	nA			1	YE	AR
lying couse lost.	he under-	)							1		
PART II. OTH		DITIONS <u>Co</u>	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	VEN IN PART		PERFOR	WED?
	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRE	D. (Enter noture of injury	in Port I or Po	rt II of item 18.)				
Hour a. st.		While	Not while	20e. PL	ACE OF INJURY (Home, fi ctory, street, office bldg.,	orm, 20f. (Cit etc.)	y or town)	(C	lounty)		(Stote)
00	at Lattended the	decease		/ g	,,						
ACTUAL SIGNATURE	Donald	2.5	meril	2		ADDRESS (S			My		
PHYSICIAN'S NAME (Type)	Donard	L.,	Somenviu	EN	1D				7		
220. BURIAL, CREMATION REMOVAL (Specify) BUTIST	0et.11.19		22c. NAME OF CEME Trinity E		R CREMATORY  copal Cemete		ng Green,		land	(Stote)	
23. FUNERAL DIRECTOR'S  John Burn		lowson	ADDRESS n. Maryland	1	24a. Ri	CT 1 4 '5	TRAR 24b. REGI	STRAR'S SIG			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be retached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shifter registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		WEL	ICAL EX	AWINEK.	S CERTIFICA	HE OF DE	AIH	Reg. Dist. No	
=	PLACE OF DEATH	1100	14		1 2 HEHAL BEENEAUCE	()4/b d 1 1'	1 15 5 15 1		
1.	o. COUNTY	-1+4m			2. USUAL RESIDENCE	(Annere deceased liv	b. COUNTY	-//	store odmission)
-		altimore		MARYLAND	Mar	ryland	b. COUNT	Dalt	more
	b. CITY OR TOWN (If	outside corporate limits, write RI	JRAL C. LENGT	TH OF STAY IN 16	c. CITY OR TOWN	(If outside cosporate	limits, write	RURAL and give	nearest town)
			,		54 Midds	le Kivi	er		
	d. NAME OF HOSPITA	AL OR INSTITUTION (IF	ot in hospital, give	street address)			1		Te IS RESIDENCE
	1501 S				11/1-	have Ro	al		ON A FARM?
3.	NAME OF DECEASED (Type or print)	MARY	Anna	Middle /	OVAK	4. DATE OF DEATH	Detob		Yeor 1958
5.	SEX	6. COLOR OR RACE 7.	MARRIED   NE	ER MARRIED	B. DATE OF BIRTH	9. AC	GE IIn years	IFUNDER TYEAR	IF UNDER 24 HKS
	F	W	VIDOWED.K	DIVORCED []	8/15/1895	1011	3 Vrs	Months Days	Hours Min.
10	a. USUAL OCCUPATIO	ON (Give kind of work dor	ne 10b. KIND OF BL	ISINESS OR INDUS	TRY 11. BIRTHPLACE (Sto)	e or foreign country		12 CITIZENI C	E WHAT COUNTRY
	during most of working	g life, even if retired)					1		
-		116	1 8	t nome				U.S.	Α.
13					14. MOTHER'S MAIDEN				
	C	harles Hue	bel			Marie V	achek		
15	. WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16. SOCIAL SEC	CURITY NO. 17.	NFORMANT		Address		
1"	es, no, or ununown;	In her' draw may at dates at term	ice)	R	obert F. No	vak.son.	7022	Heathf	ield Rd.
H	138 CAUSE OF DEAT	TH (Enter only one course	per line for (a) (b)			, ,			
			/					ONS	ET AND DEATH
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STID	TAKI II. OIII	ER STOTALICENTY CONDI	CONTRIBUTION	O TO OCKITY BUT	NOT KELATED TO THE TEK	MINALDISEASE CON	IDITION GIVE		PERFORMED?
RTIFI	20g. EXTERNAL CAU	SE WAS 20b.	DESCRIBE HOW INJ	URY OCCURRED.	Enter nature of injury in Pa	et I or Port II of iter	m 18.)	100	
3	CAUSE OF DEATH.								
3	20c. TIME OF INJUR	Y Month, Doy, Year	20d. INJURY OC		CE OF INJURY (Home, for	m, i 20f. (City or to	wn)	(County)	(Stole)
EDI	Hour o.m.	10		while fac	lary, street, office bldg., et	c.)		(000,000)	(0.017)
2									
	21. I certify th	at I toak charge o	t the remains	described abo	ve, held an Autop	sy 🔀, Inspec	ction [],	Inquiry [	, and in my
	opinion death	resulted from: Na	tural causes 5	Accident	, Suicide ,	Homicide .	Undeter	mined manne	er 🗍
		1							_
	ACTUAL (	Wirles	S. lette	7	CHIEF MEDICAL E	XAMINER []			DATE SIGNED
	SIGNATURE	- recour	100		M.D.			10/11	1-2
	EXAMINER'S		0					10191	00
22		N. 226. DATE THEREOF				22d. LOCATION	City, town, or	county)	(Slote)
	Burial "	10/0/58	Bohe	mian Na	tional, Cem	Batti	more.	Md.	
23	3. NAME OF DECEASED MARKET AND Middle NOVAK 1. DATE OF BIRTH OF DOWN 195 OF DECEASED MARKET AND MIDDLE 1. DATE OF BIRTH OF DEATH OF DOWN 195 OF DEATH OF DEA								
	0000		lek Fune	ral Hom	DATE .	Kt 7 58	an	Chur S. Kra	ud
	JJJL bre	Tuns Lane			DAIL		]		1

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necess execute the certificity withing the ward "pending" in pendit in them, 18. Give Pages 1, 2, and 3 to the funeral direct a should be feet and 3 to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boord or its designated agent, priar to burial, cremation, at removal, and in any event within 22 hours after death. VS. AISME 5M 2/57

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. P	may be retained by the haspital or attending physician.	TO FUNERAL DIR., DR. After this certificate has been signed by the attending physician and completely filled in by the	page 3 should be Cetached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 share filed	the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.
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VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11065 CERTIFICATE OF DE

TE OF DEATH	Reg. Dist. No. 11046
2. USUAL RESIDENCE (Where deceased lived. a. STATE	If institution: Residence before admission) COUNTY

1. PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND	2. USUAL RESI			lived. If institution b. COUNTY			
RURAL and give ne	orest town)	ts, write	c. LENGTH OF STAY	IN 1b		_	outside corpar	ote limits, write R	URAL and gi	ve nearest town	1)
d. NAME OF HOSPIT OR INSTITUTION							ndale I	Road		ON A	FARM?
3. NAME OF DECEASED (Type or print)	SIBO Fir	st	Middle	,	ONKES	st	4. DATE OF DEATH			,	
5. SEX Male	White	WIDOW	ED DIVORCE	0 🗆	March 2	9, 18'	71	P. AGE (In years last birthday) 87 yrs.	IF UNDER 1		R 24 HRS. Min.
100. USUAL OCCUPATION during most of work Rigger	N (Give kind of work of ing life, even if retired						or foreign cau	intry)			COUNTRY?
13. FATHER'S NAME Ren	t Onkes			K				5			
			SOCIAL SECURITY NO			Meyho	pefer 7			Road	
PART 1. DEA  4 22.1  Conditions, if or gove rise to in cause (a), stating 1 lying cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which (b) nmediate (he under-) (c)		and a Suili	lyi	Jarli	dio i	elesos	Di sew		ONSET AND	DEATH
	Chronic	no	static hy	jush	other-				EN IN PART	PERFO	RMED?
20c. TIME OF INJURY Hour a. fr. p. m.	Month, Day, Yea	While	_ Not while	20e. PL.	ACE OF INJURY ( ctory, street, affic	Hame, farm e bldg., etc.	, 20f. (City o	or town)	{Co	ounty)	(Stote)
D. COUNTY  Baltimore  b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)   Colgate  Colgate	ed abave.										
D. CHY OR TOWN IT OUNDED BALTIMOTE  D. CHY OR TOWN IT OUNDER CONTINUE CONTINUE COLORS STATE METYLAND C. CHY OR TOWN IT OUNDER COUNTY  BALTIMOTE  D. CHY OR TOWN IT OUNDER COUNTY  BALTIMOTE  D. CHY OR TOWN IT OUNDER COUNTY  BALTIMOTE  C. CHY OR TOWN IT OUNDER COUNTY  D. STREET ADDRESS  C. CHO OR RACE  C. MARRED   NEW ARRED   NEW ARRED   NEW ARRED   SO ANT OR BIRTH  DON'S SLAND OCCUMATION (Give kind of vert date)  C. CHY OR TOWN IT OUNDER COUNTY  TO CHY OR TOWN IT OUNTER COUNTY  TO CHY OR TOWN IT OUT OUT OUT OUT OUT OUT OUT OUT OUT OU											
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# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page A may be retained by the hospital or attending physician. TO FUNERAL DIFFERAL DIFFE M

VS A15 (4) 15M 9/55

	Beltmore  MARYLAND  C. STATMARY Lond  C. CENGR OF STAY IN 1b  C. COLOR OF RACE  C. Marrier  C. COLOR OF RACE  C. COLOR OF RACE  C. Marrier  C. COLOR OF RACE  C. COLOR OF RACE  C. Marrier  C. COLOR OF RACE  C. Month  C. COLOR OF RACE  C. COLOR OF RACE  C. Month  C. COLOR OF								
PLACE OF DEATH O. COUNTY Baltymore  MARYLAND  D. CITY OF TOWN If outside corporate limit, write O. STATMARY LIMIT STATE RESIDENCE (Whive deceared lived. If institution: Bestelengt before administration) O. STATMARY LIMIT STATE RESIDENCE (Whive deceared lived. If institution: Bestelengt before administration) O. STATMARY LIMIT STATE RESIDENCE (White Corporate limit, write RUBAL and give nearest town)  D. CITY OF TOWN If outside corporate limit, write O. STATMARY LIMIT STATE RESIDENCE ON STATE ADDRESS  JOHN BOTH BLVd.  O. STREET ADDRESS JOHN BLVD OR LOW COLOR OR RACE OR MARKED DATE OF DEATH OR COLOR OR RACE VIEW DATE VIE									
b. CITY OR TOWN RURAL ond give Dunda 1	AME OF DEATH COUNTY Baltynore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. It institutions. Residence before coliminian. COUNTY Baltyland  3. STATEMARY Land  3. STATEMARY Land  3. STATEMARY Land  3. STATEMARY Land  4. COUNTY Baltimore  C. LENOTH OF STAY IN 1b  SPARAL ord give perceits flown)  SPARAL ord give perceits flown  WIDOWED DIVORCED SPARAL DIVOR	t town)							
d. NAME OF HOSE OR INSTITUTION	Dundalk  3. Dundalk  4. NAME OF HOSPITAL (If not in hospital, give street oddress)  6. NAME OF HOSPITAL (If not in hospital, give street oddress)  7. NAME OF NOTTH Point Blvd.  8. NAME OF NOTTH Point Blvd.  8. NAME OF NOTTH Point Blvd.  9. AGE (In yeor's IF UNDER 1 YEAR	ON A FARM							
DECEASED	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3706 North Point Blvd.    A. STREET ADDRESS   3706 North Point Blvd.   A. DATE ON A FAYES   NAME OF DECASED IT.	5.							
Female:	6. COLOR OR RACE White						birthdoy)		
0a. USUAL OCCUPAT during most of we	ION (Give kind of wark of seking life, even if retired)	dane 10b. Kl		OR INDUST					
3. FATHER'S NAME	ACE OF DEATH COUNTY Baltymore  MARYLAND  CUITY OR TOWN (If ourhide corporate limits, write and oddress)  CUITY OR TOWN (If ourhide corporate limits, write RURAL and give necrest from Dundalk  NAME OF HOSPITAL (If not in hospital, give intert oddress)  DENTAL OF BRITH  DENTAL (If not in hospital, give intert oddress)  DENTAL OCCUPATION (Give lind of work done)  NOTE OF NOT								
5. WAS DECEASED EN	FR IN U. S. ARMED FOR	CES? 16. SC arvice) N		The same of		3706		and the second second second	lvd. 2
	IMMEDIATE CAUSE (o	74	salig	nan	on - Spen	is, In	etertisa	ONSET	AND DEATH
Conditions, if gave rise to cause (a), stating lying cause last	IMMEDIATE CAUSE (of DUE TO any, which immediate the under-	7	salig	na	ay - Spen	ie, In	election	ONSET	AND DEATH
Conditions, if gave rise to cause (a), stating lying cause last	ony, which immediate g the under-	DITIONS COL	nalig	ATH BUT N				ONSET	AND DEATH
Conditions, if gave rise to couse (a), stating lying couse lost PART II. O OR CONTRIBUTION (IF EITHER, NOTIF EITHER, NOTIF Hour a. p.	IMMEDIATE CAUSE (of DUE TO Only, which immediate githe under to the state of DUE TO (c) THER SIGNIFICANT CONION (AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER)  IRY Month, Day, Year	DITIONS COL	NTRIBUTING TO DE	ATH BUT N	. (Enter nature of injury in	n Port I ar Port I	l of item 1B.)	ONSET	WAS AUTOPS PERFORMED?
Conditions, if gave rise to couse (a), stating lying couse lost PART II. O OR CONTRIBUTING (IF EITHER, NOTHER Hour o. p. m. 21. I certify to alive on	ACE OF DEATH COUNTY BALL more  MARYLAND COUNTY B	WAS AUTOPS PERFORMED? ES NO (Stot)							
Conditions, if gave rise to couse (a), statinglying couse loss PART II. O PART III. O CONTRIBUTION (IF EITHER, NOTIF EITHER, EIT	PLACE OF DEATH  1. COUNTY  PRACE OF DEATH  2. USHAN RESIDENCE [Where decreated fixed. If institution. Residence before adminision  D. CITY OR TOWN (If outside corporate limits, write  D. CITY OR TOWN (If outside corporate limits, write  D. CITY OR TOWN (If outside corporate limits, write  D. CITY OR TOWN (If outside corporate limits, write  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CONDITION (If outside corporate limits, write RURAL and give nearest town)  D. CONDITION (If outside corporate limits, write RURAL and give nearest town)  D. CONDITION (If outside corporate limits, write RURAL and give nearest town)  D. CONDITION (If outside corporate limits, write RURAL and give nearest town)  D. CONDITION (If outside corporate limits, write RURAL and give nearest town)  D. CONDITION (If outside corporate limits, write RURAL and give nearest town)  D. CONDITION (If outside corporate limits, write RURAL and give nearest town)  D. CONDITION (If outside corporate limits, write RURAL and give nearest town)  D. CONDITION (If outside corporate limits, write RURAL and give nearest town)  D. CONDITION (If outside corporate limits, write RURAL and give nearest town)  D. CONDITION (If outside corporate limits, write RURAL and give nearest town)  D. CONDITION (	WAS AUTOPS' PERFORMED? ES NO (Stote							

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11048 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8.9.14.22b FilmG235 10-24-58 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY ALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) RIVER d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ay is r prior (KTAN) BALTUMES | NO NAME OF First Middle DATE Lost Month Year DECEASED (Type or print) DEATH 1958 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) 3 to th Months Hours WIDOWED Papivokced Male with уга. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2 ct during most of working life, even if retired) pup VIRGINIA pup pe MECHAN 1, 2, may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Page 5 Diadama Last name unknown Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address WM. PARRISH GOCTAN Give 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Canditions, if ony, which gove rise to immediate cause ong DUE TO buri (o), stoting the underlying couse fost. O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19, WAS AUTOPSY OS PERFORMED? ö NO AT 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) CAUSE OF DEATH. Exami should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) EXAMINER: factory, street, office bldg., etc.) While Not while 0. m of work of work p. m. writing th 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inquiry Inspection . , and find that Chief TOR: Natural causes Accident . Suicide . Homicide . Undetermined cause DATE SIGNED MEDI ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNATURE forwarded to FUNERAL I ASSISTANT MEDICAL EXAMINER 16-20-58 DEPUTY **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER AT cute 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) KEMOVAL Specify 10-20-58 0 PORINIA VIEN ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE OCT 2 1 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 2, Film 3, 34, 10 CERTIFICATE OF DEATH

11049

TOSOO				Reg. Dist. No.
PLACE OF DEATH     O. COUNTY	•	2. USUAL RESIDENCE (Wh		on: Residence before admission)
Baltimore	MARYLAND	Maryland	b. COUNTY	Baltimore
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside carporate limits, write RI	URAL and give nearest town)
Relay, Maryland	15 years	Sun Squar	e, Baltimore	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS 220 Long	wood Road	e. IS RESIDENCE ON A FARM? YES NO
Relay Hill Hospital  3. NAME OF First			I a constant	
(Type or print) Julian Patterson	Middle	Lost	4. DATE Mont	
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWE		June 20,188		Manths Days Haurs Min.
0a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTR
Newspaperman		Illinois		United States
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
James March Patte			th Hamilton	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)    If yes, give wor or dates of service)		Clean Patters	220 Longwo on: Hopkins 7-	od Rd: Baltimore
18. CAUSE OF DEATH [Enter only one couse per lin  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Out TO	re for (a), (b), and (c).	Rectum		interval between onset and death months
Conditions, if ony, which gave rise to immediate couse (a), stating the <u>under-lying couse last.</u> (b)  DUE TO				
PART II. OTHER SIGNIFICANT CONDITIONS C  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II of item 1B.)	
Hour a.m. While	NJURY OCCURRED 20e. PL Not while t of work	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I ottended the decease alive on October 2, 1956  ACTUAL SIGNATURE	ed from May 10	occurred ot3.15	_M, from the couses of ADDRESS (Street, city or town, s	nd on the dote stoted above
PHYSICIAN'S Lewis P. Gundry,	M.D.	Relay, 27	7, Md.	
20. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 10-4-58	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, o Pikesville	(5.0.0)
3. FUNERAL DIRECTOR'S SIGNATURE H.W.Jenkins &Sons Co.	ADDRESS	24a. REC'S	DV DECISTRAD DAL BECIE	TRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DICTOR: After this certificate has been signed by the attending physician and campletely filled in by meral director, page 3 should 62 detached for use as the burial-transit permit. Then please remove carbap papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs prior adopt. VS A1S (4) 1SM 9/SS

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11051

		10913	CERTIF	ICATE	OF DEATH	1		Reg. Dist. N	LLU No.	0.1
1.	PLACE OF DEATH D. COUNTY Balti	nore	MARYLA	ND 2. U	SUAL RESIDENCE (Who state Marya	ere decease	d lived. If institutio b. COUNTY		timo:	
	b. CITY OR TOWN (If outside RURAL and give georest to Dundalk	corporate limits, write vn)	c. LENGTH OF STAY IN	1b 6	Dundalk		prote limits, write RL	JRAL ond give	nearest tow	vn)
	d. NAME OF HOSPITAL (IF no OR INSTITUTION 30.	t in hospitol, give street  L W186 AV		1	d. STREET ADDRESS 301 W18	e Av			ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Carmela	Middle	Pe	cora	4. DATE OF DEATH	Oet.	h	18,	Yeor 58
		OR OR RACE 7. MAR	RIED NEVER MARRIED  ED DIVORCED		TE OF BIRTH ar. 31, 1	.889	9. AGE (In years birthdoy) yrs.	Months Day		-
100	during most of working life,  Housewife	kind of work done 10b. even if retired)	None	INDUSTRY	11. BIRTHPLACE (Stole of Italy	or foreign o	country)		S.A.	T COUNTRY
13.	FATHER'S NAME			14.	MOTHER'S MAIDEN N	The Water of				30-7
	John De				Rose	?				
(Ye		wor or dates of service		Mr.	Forteno P	ecor	a 301 W:		e.	
	18. CAUSE OF DEATH [En		ne for (o), (b), and (c).]		41	0			NTERVAL E	
	PART I. DEATH WAS	CAUSED 8Y: IATE CAUSE (o)	Corona	M	1 hrom	less	es		20	ay )
	260x	DUE TO	1. 1-	7	2000	. +				/
	Conditions, if any, whi gove rise to immedia	te (U)	Wiabel	LO	melle	u.	0			
	couse (o), stoting the underlying couse lost.		Ceneralis	ed	arteus	sel	Pero Tie			
CERTIFICATION	PART II. OTHER SIGN	HEICANT CONDITIONS	CONTRIBUTING TO DEAD	TOM TUB F	RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PART 1(o	PERF	ORMED?
	20g. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH	CRIBE HOW INJURY OCC	URRED. (En	ter noture of injury in P	Port I or Pa	rt II of item 18.)			
MEDICAL	20c. TIME OF INJURY Mont Hour o. m. p. m.	h, Doy, Year 20d. While 19 at wo	Not while	e. PLACE C foctory.	OF INJURY (Home, form, street, office bldg., etc.	20f. (Cit	y or town)	(Coun	ity)	(Stote)
	21. I certify that I at	tended the decea	sed fram 10-16	5	, 1938, to 12	2-10	1900	Sthat I last	saw the	e decease
	alive an 10-1	16 , 19	-22	eath acc	urred at 11_P.	3				
	1	117	7				street, city or town,			DATE SIGNE
	SIGNATURE GUELON	se T//	ever	M.D.	7001	Mar	ning	50n /	14	
	PHYSICIAN'S EUGE	ne Fi	Very		Dund	2114	22,	Mo	l	
220 E	REMOVAL (Specify)		22c. NAME OF CEMETE		of Jesus	22d. LOCA	man Hil	i Ra.	Mo	l'e)
23.	FUNERAL DIRECTOR'S SIGNA		ADDRESS		140,000	D BY REGIS	23 1000	TRAR'S SIGNA		
1	TOHN J. DUDA	7922 W18	e Ave. 22,	Md.	DATE	1 % 8 .2	Con	hun S. The	CANDAIN .	

JOHN J. DUDA 7922 Wise Ave. 22, Md.

VS A15 (4) 15M 10/57

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VS A15 (4) 15M 9/55 I

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	1	0	5	2

11068 CERTIFICATE OF DEATH

22000			R	leg. Dist. No.
1. PLACE OF DEATH o. COUNTY Beltimore	MARYLAND	2. USUAL RESIDENCE (When o. STATE Maryland	d b. COUNTY	Residence before admission) Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catonsville 28	LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	tside corporate limits, write RUR.	
d. NAME OF HOSPITAL (If not in hospital, give street address or INSTITUTION Forest Road		d. STREET ADDRESS	Forest Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) BENJAMIN JOH	Middle HN PETER	Last	4. DATE Month OF DEATH October	Day Year 1958
5. SEX Male 6. COLOR OR RACE 7. MARRIED White Widowed		DATE OF BIRTH	9. AGE (In years IF lost birthday)	UNDER 1 YEAR IF UNDER 24 HRS.  Aonths Days Hours Min.
	o of Business or Industru <b>tomobiles</b>		r foreign country) yland	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
August Peter			Ella Schot	ta
(Yes, no. or unknown) (If yes, give wor or dates of service)	O1-9093 Mrs,	ormant Esther Peter	Forest Catons	Road
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate couse (o), stoting the under-	ur (o), (b), and (c).] uena pt sy dular nelo	otases - de	of wet Sweller	INTERVAL BETWEEN ONSET AND DEATH
lying couse last. (c)	Extrelence	OT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED.			PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJUR Mour a. st. While at work	Not while foctor	E OF INJURY (Home, farm, rry, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that I attended the deceased falive on 12 1 1 19 3 ACTUAL SIGNATURE PHYSICIAN'S PAME (Type) Frederic V. Beitl	and that death o		λ.	hat I last saw the deceased d on the date stated abave. (10) DATE SIGNED
REMOVAL (Specify)	St. John's Ce		2d. LOCATION (City, town, or c	
23. FUNERAL DIRECTOR'S SIGNATURE	ATANCY	24a. REC'D	BY REGISTRAR 24b. REGISTRA	AR'S SIGNATURE

TICON CERTIFICATE OF DEATH no nen 6-17 fm atomatic 28 allivators and the sales 23 v. of Lance light, Matthew Ref. on the second section of the contract of the cont and the first of the first of the country of the country of the first The state of the s Oct. 13. 1850 15. Section of the Company of the State of the Company of the State o

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11069 CERTIFICATE OF DEATH neral director, 50

1053 Reg. Dist. No.

o. C	OUNTY Relt	imore		MARY	LAND	o. STATE	ryla		b. COUNTY	oni kesidei	2 A	e oomis	ionj
b. C		outside corporate limits	, write	c. LENGTH OF STAY	IN 1b				orote limits, write R	URAL ond	give neg	rest fow	2)
RL	JRAL and give ne									0 1	N W		,
- 1		Howard		51 days			mapo	lis	<u> </u>	1 Sec. / 1	1	10.05	IDENICS.
a. N	R INSTITUTION	AL (IT not in nospitol, giv	e street	odaress)		d. STREET ADS	DKESS					ON	FARM?
V	eterans.	Administrat	ion	Hospital		35 (	Cathe	dral	St			YES [	NO 🕞
	AE OF EASED e ar print)	First		Middle		PETERS		4. DATE OF DEATH	Mor October	th	Do	,	Yeor 1958
5. SEX		6. COLOR OR RACE		HED NEVER MARRI	ED 🖂	8. DATE OF BIRTH			9. AGE (In years	IF UNDE	1 YEAR	IF UND	ER 24 HRS.
	V 2		WIDOW			0.1.1		000	lost birthdoy)	Months	Days	Hours	Min.
	Male	Golored   N (Give kind of work do				October		923		112 (1	TIZENIO	E WALAT	COUNTRY?
du	ring most of worki	ing life, even if retired)	one ioo.	KIND OF BUSINESS C	/K 11450.	SIKI II. BIKITIFOS	-E (31018 C	i ioreign i	coomings	12. 6	IIZEN O	F WITH	COUNTRY
	HANDYMAN		G	wernor's M	lansi			Mary]	land		U.S.	A	
13. FATI	HER'S NAME					14. MOTHER'S M	AIDEN N	AME					
	Bernard	Peters				Flore	ance	Orrans					
15. WA	S DECEASED EVER	IN U. S. ARMED FORC		SOCIAL SECURITY NO	. 17. H	NFORMANT		CAI CILL	Add	ress		***************************************	
		f yes, give war or dates of ser	vice[	036 30 510	0	. 70 77				-			20.
	Yes	Korean	1	216 18 548		in Rec. V	etA	cm.	lospital,	11	Howa	rd,	Md
10.		TH [Enter only one count WAS CAUSED BY:	se per iii	ne for (0), (0), and (c).	,						ONS	EL VIO	DEATH
	PART II DEAT	IMMEDIATE CAUSE (0)	P	IEUMONTA								5 da	ys
1	443X	DUE TO											
C	onditions, if on	y, which ) (b)											
	ove rise to in	mediote (											
	ing couse lost.	he under-											
		ER SIGNIFICANT COND	ITIONS (	ONTRIBUTING TO DE	ATH BUT	NOT PELATED TO T	HE TERMIN	JAI DISEA	SE CONDITION GIV	EN IN PAI	T 1(a) 1	WAS	AUTOPSY
5						THE RED TO T	116 16 171111	INE DISEN	SE CONDITION ON	LIVIII II	1 1(0)	PERFC	RMED?
2		DGKTN'S DIS										YES [_	NO 🔯
CER (IF	CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	706. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of i	njury in P	art I or Pa	rt II of item 1B.)				
₹ 20c.	TIME OF INJURY	Month, Day, Year	20d. II	NJURY OCCURRED		ACE OF INJURY (He			ly or town)	(	County)		(Stote)
WEDICAL 20c	Hour o.m. p.m.	V A 19	While of wor	k of work	fac	ctory, street, office b	oldg., etc.)					37	
		at Kattended the				-							
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				toon			A	DDRESS (	Street, city or town,	stote)		D	ATE SIGNED
SIG	TUAL SNATURE	Low	7	reema	2	M.D							
			0										
NA	YSICIAN'S			hief, Medi	cal	Serv. VAL	I.Ft.	Howa	ard, Md				1/3/58
RE	RIAL, CREMATION	N, 22b. DATE THEREOF	52	22c. NAME OF CEM					TION (City, town,	,		(Stot	(e)
	Removal	CICNIATURE	10	ADDRESS ADDRESS	e Na	The second secon	1 05510	BY REGIS		Mary C		E	
23. FUN	NEKAL DIRECTOR S	SIGNATURE		ADDRESS		2				Tulling	77		
I	Villiam	Reese. 102	Wash	ington St.	Ann	anolis.	WE !	)CT	/ 30	- CATANA	A 14	IANA	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page may be retained by the haspital or attending physician.

TO FUNERAL DI COR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remayer-eachon papers. Pages 1 and 2 shifter registrar prior to burial, cremation, ar removal, and in any event within 72 hours often death. VS A15 (4) 15M 9/55

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11070 CEPTIFICATE OF DEATH

11054

	ALUIT	CERTIFIC	AIL OI DLAII	•	Reg. Dist.	No.
1. PLACE OF DEATH	BALTIMORE	MARYLAND	2. USUAL RESIDENCE (WI	rere deceased lived. If	institution: Residence DUNTY	before admission)
b. CITY OR TOWN ( RURAL and give n	If outside corporate limits, write eorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	-	write RURAL and giv	re nearest town)
	YSVILLE	23 YEARS		IMORE	3 V C	01-4
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stree MASONIC	I address) HOME	d. STREET ADDRESS  5600	JONQU	IL AUE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ALICE	Middle T	PORTER	4. DATE OF DEATH	Month	Doy Yeor 25 1958
S. SEX	6. COLOR OR RACE 7. MAI	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 12 - 26 - 18	70 9. AGE (Ir lost birt		YEAR IF UNDER 24 HRS. ays Haurs Min.
during most of wor  HOUSE	ON (Give kind of wark dane 10th king life, even if retired)	KIND OF BUSINESS OR INDI	DALTIM			EN OF WHAT COUNTRY
3. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME		
WILLII	AM H. POR	TER	SARI	AH E-P	RINCE	
	ER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT Frank	L. Druth J.	Address Cock	CEYSULLE M
	ATH [Enter only one cause per	line for (o), (b), and (c).]		<del></del>		INTERVAL BETWEEN
1000	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)					
Conditions, if a gove rise to i couse (a), stating	immediate (b)	RTERIO SCHI	CARDIC ARTIC VASCU		EASE	8 YEARS
lying couse last.		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITI	ON GIVEN IN PART I	PERFORMED?
PART II. OT	AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I ar Port 11 of item	1B.)	YES NO
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Doy, Year 20d. Whil	1 1	LACE OF INJURY (Home, form octory, street, office bldg., etc	n, 20f. (City or town)	(Co	unty) (Stote)
21. I certify the olive on	hat I oftended the deced	(	h occurred ot 1) 17		uses and on the r town, state)	
NAME (Type)						
220. BURIAL, CREMATIC REMOVAL (Specify BURIAL	0N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C Loudon Park		22d. LOCATION (City,		(Stote)
23. FUNERAL DIRECTOR		ADDRESS			. REGISTRAR'S SIGN	NATURE
William Co	ok, Inc. 1218	St. Paul Stree	t DATE	CT 2 8 '58	arthur 9	4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIFF. OR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shather registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessory, please exc	cute the certified, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction (Page 4 shauld b	ed	A
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please exe-	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registror prior to burial, cremation,
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any delay is	funeral dire	r your files.	registror pri
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4 hours after	ages 1, 2, at	ge 5 may be	pages I and
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Id be execu	encil in Item	ang with for	riol-transit g
tificate shau	d ni "gnibr	's Office alc	used as a bu
IER: This cer	e ward "per	of Examiner	3 shauld be
AL EXAMIN	e, writing th	Chief Medic	TOR: Page :
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EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessory, please exe-	writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be		R: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registror prior ta burial, crematian,
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If any d	e funera	for your	he registr
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certifica	pending	iner's Of	be used
ER: This	e ward .	ief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	3 should
EXAMIN	vriting th	ief Medic	R: Page

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11055

		109%	EDICA	L EXAMINE	₹'\$	CERTII	FICAT	E OF	DEATH	Reg. D	L Dist. No	TU	JJ
1.	PLACE OF DEATH o. COUNTY Baltim	ore		MARYLA	ND	2. USUAL RES	Mary		sed lived. If Insti b. COUN	TV	lence bel		oission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)				16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							own)	
Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)						d. STREET ADDRESS						o, IS RESIDENCE ON A FARM?	
3.	7300 NAME OF	Manchester							r Road				] NO []
	(Type or print)	Jos	eph	Middle M		rzybysz	ewski	4. DATE OF DEATH		ober	16		19 58
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	] B. 1	DATE OF BIRTH	1		9. AGE (In years last birthday)	Months	Days	Hours	Min.
	M	White	WIDOWER	-		January			60 yrs	Mymia	Days	riduis	MIS.
100	usual Occupation	ON (Give kind of work g life, even if retired)	dane 10b. K	IND OF BUSINESS OR INC	USTRY	11. BIRTHPL	ACE (State o	or fareign	country)	12. CIT	IZEN O	F WHAT	COUNTRY?
	Forema			Farm					aryland				
13.	FATHER'S NAME					14. MOTHER'S							
L		Przybyszew					toine	tte L	ewandows	ki	23.1		
	. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 1	7. INF	ORMANT			Addres	4		1	
	Yes	World Wa	r 1 21	2-05-6782	Ste	eve Prz	ybysz	ewski	7302	Manch	nest	er F	load
-		TH [Enter only one ca	use par ling	for (a), (b), and (c).]		0	1				INTE	VAL BETW	EEN ATH
		H WAS CAUSED BY: IMMEDIATE CAUSE (a	Ca	lonary	(	Sect	451	0			/	mi	mul
	420.1	DUE TO	(1)	. 1	0	1		-1			.,	1	
	Conditions, if a		Car	many	(1	rper	4 6	les	ease		1	no	1
	(a), stating the cause last.												
CERTIFICATION			DITIONS CO	NTRIBUTING TO DEATH B	UT NO	OT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PAR			AUTOPSY DRMED?
	20g. EXTERNAL CAL PRIMARY   gr CON CAUSE OF DEATH.	SE WAS NTRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED	). (Ent	er nature af in	jury in Part	l or Part II	of item 18.)				
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Ye	20d. li White at war	Not while	PLACE	OF INJURY (I y, street, affice	Home, form, bldg., etc.)	20f. (Cit	y or town)	(Co	unty)		(State)
	21. I certify th	at I taak charge	of the r	emains described a	bave	e, held an	Autapsy	_, I	nspection 🗋	Inqui	ry 🔼	, and	find that
	death resulted	fram: Natural	causes	Accident .	Suici	de 🔲, H	amicide	□, U	ndetermined	cause [	].		
		10 . Ul N	Mari	11.									
	SIGNATURE	aux	ruce	lus		M.D. CHIEF N	EDICAL EXA	MINER _				DATE	SIGNED
	EXAMINER'S NAME (Type)	SACK	0 6	Pollins			MEDICAL EX				10/:	17/	58
220	BURIAL CREMATIO	N, 226. DATE THEREC	)F	22c. NAME OF CEMETERY	OR C	REMATORY		22d. LOCA	TION (City, town,	or county)		(Sta	le)
	REMOVAL (Specify) Burial	10/21/	58	St. Stani	SI	9118		Bal	timore.	Mary	vla	nd	
23.	FUNERAL DIRECTOR		444	ADDRESS			240. REC'D			ISTRAR'S SIG	GNATUE	RE	
M	.F. SADO	WSKI & S	ONS,1	808 EASTER	N.	AVE	DATE	061 4		COMM	1 4.	Mall	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11071 CERTIFICATE OF DEATH Rea. Dist. No 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE b. COUNTY MARYLAND Law b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) BURAL and give nearest town es d. NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS OR INSTITUTION 05 Reisterstown R 3. NAME OF First Middle 4. DATE DECEASED OF mes (Type ar print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Manths Days WIDOWED-DIVORCED [ papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death. 12. CUIZEN OF WHAT COUNTRY during most of working life, even if retired) puo FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Pikewille 8, md. attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 422. DUE TO any Canditians, if any, which signed gove rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1 of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Haur o. m. While Not while at wark at wark p. m. 1958, 103/Oct 1958 that I last saw the deceased 21. I certify that I attended the deceased from 31 alive an DIOCC and that death accurred at [115] M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DIR P TO FUNERAL D 220. BURIAL, CREMATION 226 DATE THEREOF DC. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, of pounty) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRES 240/ REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE 1SM 10/S7

e. IS RESIDENCE

YES T NO

PERFORMED? NO

(State)

DATE SIGNED

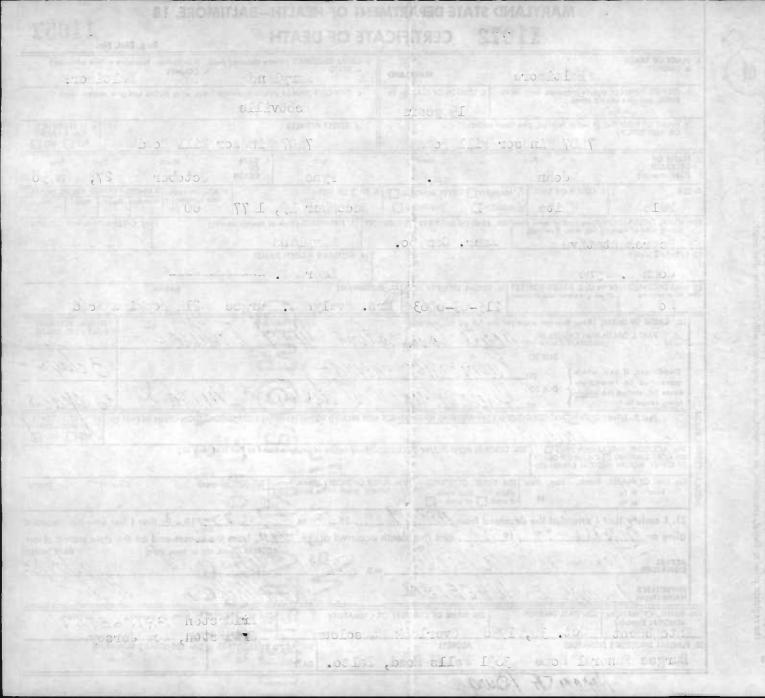
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) M a. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland Bal timore death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town Hebbyille vears offer d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 7407 Windsor Mill Windsor Mill Road YES NO NAME OF 4. DATE Middle Lost Month Day Year DECEASED (Type or print) John DEATH October 19 58 H Pyne 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH lost birthdoy) 80 yrs. Months Days Male White WIDOWED K DIVORCED T December 19 complet papers 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Can Co. USA Amer. Maryland Representative 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician John S. Pyne Laura T. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No attending Mrs. Evelyn T. 214 Hopkins Road 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 2 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO permit. ony Conditions, if ony, which gove rise to immediate **DUE TO** cause (o), stating the underlying couse last. burial-transit PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 17 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) 0. 11. While Not while of work of work 21. I certify that I attended the deceased from 1 1908 that I last saw the deceased and that death occurred at 4.301 M, from the causes and an the date stated above ADDRESS (Street, city or town state) DATE SIGNED SIGNATUR should 0 PHYSICIAN'S FUNERAL NAME (Type) 3 220. BURIAL CREMATION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Entombment Overlook Mausoleum 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE Burgee Funeral Home Falls Road. Balto.

Durale



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11058 10915 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where peceased lived. If institution, Basidence before admission) o. COUNT b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address e. IS RESIDENCE d. STREET ADDRE ON A FARM? RETAIRE LOINE YES NO NAME OF First DATE Middle Yeor (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9, AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH DIVORCED | WIDOWED | popers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) 19Nax102 FOITOR puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Peual Orchard Lane CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY new MONIA IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underbin- Vasculan 2018ease lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DISEASE CONDITION GIVEN IN PART 1(0) 19/ WAS AUTOPSY PERFORMED? YES [ NO D 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 21. I certify that I attended the deceased from 1440 2 . 190 Sthat I last saw the deceased \_\_, and that death accurred at M, fram the causes and an the date stated above. OR ADDRESS (Street, city or town, stote) DATE SIGNED O P shoul PHYSICIAN'S NAME (Type) registrar HOSPIT FUNER 3 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) page -REMOVAL (Specify) BALTU. NATIONAL 4 0 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) MADISON UNDAMENT 2

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	Sale In								
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funeral director, by the hospital or ottending physicion.

TOR: After this certificate has been signed by the ottending physicion and completely filled in by edelached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 page 3 should may be retoing

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 11073

Reg. Dist. No. 11059

1.	PLACE OF DEATH COUNTY Baltimore			MARYL	AND	2. USUAL RESIDENCE o. STATE Mary			lived. If institution b. COUNTY	on: Residenc	e before	odmissie	on)
	b. CITY OR TOWN (IF RURAL ond give nec	outside corporate limit arest town) rd. Md.	s, write	225 Days	N 1P		•		atonsvil		ive near	est town)	
	d. NAME OF HOSPITA	Administra				d. STREET ADDRES	SS		gton Ave		•	IS RESI	FARM?
	NAME OF DECEASED (Type or print)	SAMUE!		Middle JONES		REEVES	4	OF DEATH	Octobe:		Doy 20		9 58
S. :	sex Male	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCED		August 1,	1891		9. AGE (In years last birthday) 67 yrs.	Months Months		Hours	Min.
۸.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Upholsterer Casket Company				North					S.		COUNTRY?	
43.	FATHER'S NAME					14. MOTHER'S MAID	DEN NA	ME					
	Alex Reeve	S				Julia M	N: I	Inkna	พท				
		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT		711110	Addr	ess			
(Ye		yes, give war or dates of se	rvice) 57	7-10-8880	Cl	in.Rec.,Ve	t.Ad	lm . Ho	spital.F	t - Howa	rd.I	Marv	land
	PART I. DEAT	TH [Enter only one county on Cou		ne for (o), (b), and (c).]							INTER	VAL BET T AND I KNOW	WEEN
	161X	DUE TO	VAV	COTIVOTA OF	11111	THATCHER WILL	11 11	TANT	AND LEO		OIV	TTAOAA	7.4
	Conditions, if on gove rise to im couse (o), stoting to lying couse lost.	y, which (b)											
perations 1. Exploration of neck and so 2. Incision and Drainage of abscess le						eft buttock	S.	5/14/	58	5/22/	19.	WAS A PERFOR YES	UTOPSY MED? NO 🔀
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	206. DES	CRIBE HOW INJURY OF	CURRED	). (Enter nature of injur	ry in Por	1 t or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While	NJURY OCCURRED  Not while k of work	20e. PLA foc	CE OF INJURY (Home, tory, street, office bldg.	form, ., etc.)	20f. (City	or town)	(C	ounty)		(Stote)
	21. I certify the	otal offended the	deceos	ed from March	9.	. 1958 . to	Octo	her_	20 1258	XHAXXX	ok (XSG)	V XI KeX o	68686
				XXXX and that		•							
									reel, city or town.				TE SIGNED
ø	SIGNATURE	acklim.m.	200	-	/	A.D. VAH, FO	rt_H	lowar	d, Maryla	and		1	0/20/5
	PHYSICIAN'S NAME (Type) JO	SEPH M. MII	LER,	M.D., Chi	ef,	Surgical S	eryi	ce V	AH, Fort	Howar	d. l	Mary	land_
	BURIAL, CREMATION REMOVAL (Specify) Burial	10-22-5		27c. NAME OF CEME Baltimore		crematory			TION (City, town, o		ahd	(Stote)	
23.	FUNERAL DIRECTOR'S	SIGNATURE	130	Frederick		24-		BY REGIST		TRAR'S SIG			
M	acNabb Fun	arol Home		Catonsvil			E 007	231	58	Il a g	f		
235						AALA	-			Value of the same	1000000		

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# FOR STATE HEALTH DEPT.

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TO DEPUTY MEDIOCAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 ta the funeral direction 4 shauld be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Poge 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board or Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event within 22 hours after death.

VS. AISME 5M 2/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVAMINED'S CEDTIEICATE OF DEATH

10916	Reg. Dist. N. () ()
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
PALTO MARY	O. STATE 12 d b. COUNTY BALTO
b. CITY OR TOWN (If outside corporate limits, write RUPAL c. LENGTH OF STAY	Y IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
JUNDALK 22 /TIRS	5 53 DUNDALK
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address	ess) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
1123 WEBTH K4.	1/23 MEATH K4 YES NO. P.
3. NAME OF DECEASED (Type or print) First Middle VINCEN	TREBER DEATH 10/4/3-8 19
5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIE	
MITTE WIDOWED DIVORCED	0 MAK, 25, 1900 58 yrs. Mollins Days noors Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)	R INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
CHEMIST SAWITARY FIX	KTURES YENNA VISA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	CORA BROWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [You. no. or younger]  [If yes, give war or dates of service)	17. INFORMANT  1 04 0 21 40 5 4 2 12 5 12 5 12 2 1 2 5 12 5 12 5 12
18. CAUSE OF DEATH [Enter only one couse per line for (d), (b), and (c). }	MAKENAET MEC HEIBER - SINTE
PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
1420 IMMEDIATE CAUSE (o) UTICA	vy security
Conditions, if ony, which)	
gove rise to immediate cause	
(o), stating the underlying DUE TO couse lost.	
	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?  YES NO.
CAUSE OF DEATH.	IRPOO (Externoture of injury in Port I or Port II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY QCCURRED 2 Hour a. m. p. m. 19 While of work at work at work	20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or lown) (County) (State)
21. I certify that I took charge of the remains described	ed obove, held an Autopsy . Inspection . Inquiry N; and in my
opinion death resulted from Natural couses XI. Accid	ident . Suicide . Homicide . Undetermined monner
ACTUAL SIGNATURE	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S M. B. DAVIS M	1 DEPUTY MEDICAL EXAMINER D 18/1/18.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETI	TERY OR CREMATORY 22d. LOCATION (City, town, or county) PENNIS,
23. FUNERAL DIRECTOR'S SIGNATURE LEVEL ADDRESS ALLEVALLE	1491 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE OCT 6 '58 Onther & Knows

# Q+

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14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11074 CERTIFICATE OF DEATH

Reg. Dist. No. 11061

7	. PLACE OF DEATH o. COUNTY Bal	ltimore		MARY	LAND	2. USUAL RES	Mary		d lived. If institut b. COUNTY				
	b. CITY OR TOWN (IF RURAL ond give no Caton sv		write c	2nths9dys			town (If or	-	orote limits, write l	RURAL and gi	ve nearest	town)	V
	OR INSTITUTION	AL (If not in hospital, giv		dress) P <b>ITAL</b>		d. STREET Dea	ADDRESS	arylar	nd			RESIDENCES NO	45
3	NAME OF DECEASED (Type or print)	Hugh		Middle		Roberts	ıst	4. DATE OF DEATH	Mo O (	tober	Day 9	Yeor 19	58
5	male	2 2 4	'- MARRIEI VIDOWED	NEVER MARRIE	-	B. DATE OF BIR	- 0		9. AGE (In years lost birthday) 79 yrs	Months [		UNDER 24 H	-
1	0a. USUAL OCCUPATION during most of work machinis	N (Give kind of work do ing life, even if retired) St		ND OF BUSINESS O VAVAL G-UI		ety	Mary.	land	ountry)		S.	A.	NTRY?
1	3. FATHER'S NAME Hugh 1	Roberts				EMILY	S MAIDEN N	AME	MATHA	YMY			
		R IN U. S. ARMED FORCE If yes, give war ar dofes of serv	ice)	cial security no known	-	cords:	SPRIN	G GR	OVE STA	ress re hos	SPITA	L	
	PART I. DEA	nmediate the under- (c)	Brone Arte:	chopneumoriosclero	tic o	rioscle	rosis,	seve	re			AND DEAT	
	491X	IER SIGNIFICANT CONDI								VEN IN PART	P	ERFORMED S NO	?
- 1		S UNDERLYING   2   CAUSE OF DEATH   MEDICAL EXAMINER)	06. DESCRI	IBE HOW INJURY O	CCURRE	D. (Enter nature	of injury in P	art for Por	t II af item 18.)			38	
10000	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yeor 19	While	Not while of work	foc	ACE OF INJURY tary, street, affi	ce bidg., etc.	)			ounty)	a.c	lote)
	alive on_Oct	at I attended the copper 9 Stella Wack	12.58	and that		accurred a	6:20a ING GR	ADDRESS (S	treet, city or town	and an the state) OSPITAL	e date :		GNED
2	120. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREOF		22c. NAME OF CEMI GELAT HE	TERY O	R CREMATORY,	ry	22d. LOCA	TION (City, town,	or county)	arg	(State)	L
2	3. FUNERAL DIRECTOR'S	s signature mbers &	o.W.	achnell	I has	w.e	240. REC'E	BY REGIS' 1 4 '58	TRAR 24b. REG	ISTRAR'S SIGN		10.1123	

VS A15 (4) 15M 9/55

# CERTIFICATE OF DEATH 1 1 or for mot a X 's The second second to the transfer of the contract of

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VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11075

CERTIFICATE OF DEATH

11063

Pag Dist. No.

_	reg, ora, rec.
1.	PLACE OF DEATH o. COUNTY.  Balto Ca.  MA MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before odmission) b. COUNTY Dalto
	b. CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  AS YND Edg & MELL Sparker RURAL and give nearest town)
2	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 23/4 Pull ave give street address    d. STREET ADDRESS   e. IS RESIDENCE ON A FARM? YES   NO
3.	NAME OF DECEASED (Type or print) William James Rollins Sk 4. DATE Manth Day Year OF DEATH 1958
-	SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH  OF MIDOWED   DIVORCED   APRIL   18   3   9. AGE (In years less touthday)   Months   Doys   Hours   Min.
10	a. USUAL OCCUPATION (Give kind of work dane during mast of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME UN KNOWN 74. MOTHER'S MAIDEN NAME UN KNOWN
15. (Y	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or doles of service) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ROLLING TO 2314 Pueth ave
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)
	Conditions, if ony, which) (b) Nukertension unknown
	gave rise to immediate couse (a), stating the under-lying couse last.
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
S	491X YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  20d. INJURY OCCURRED While Not white factory, slicet, office bldg., etc.)  (County) (State)
	21. I certify that I offended the deceosed from OCTOUNIA, to October 1.79.58, that I lost sow the deceosed glive on OCTOURS 17. 19. 17. A from the loster and as the determinant
	alive on, ond that death accurred at, M, fram the couses and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D.
	PHYSICIAN'S NAME (Typo) 107 n. Street ( Patto 22 mi
7	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY. REGISTRAR'S SIGNATURE DATE 10/20/58 CIrthur & Thomas

	HOMILIAGENIAM SO THEMISASSETATE OF BLACK AND THE SECOND AND THE SE					
	THE PARTY NO DE	CERTIFIE	12			
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	Prince of the second			The state		
	TO LET 1					
	APPLIES AND					
	ACTIVITY OF A VIX					
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The same of the sa	E THE STORY OF THE STORY	The contact				
The second secon	1/20/58		15 17 29 1 1 1			

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				HERE WATER CONTROL	peed library to the Co.	
					Section (see ) by (see ) 2004447 (5 b).	
Hell State of Section 19 Property of the prope						
			### AND THE PROPERTY OF THE PR			
			A STATE OF THE STA			
		man plan in				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained brothe haspital ar attending physician.

• FUNERAL DIRE

R: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shout the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death.

TO FUNERAL DIRE

VS A15 (4) 1SM 10/S7

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11077 CERTIFICATE OF DEATH

11064

1	1	0	7	7	
-	-	v	-		

Rea. Dist. No.

1. PLACE OF DEATH Ballemore	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE) and any	b. COUNTY	sidence before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN All autside	corporale limits, write RURAL	and give nearest tawn)
d. NAME OF HOSPITAL (If pot in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS for	heity Heigh	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Aaron First	Middle	reberg. 4. D		Day Year 16 19.58
male White WIDOWE	DIVORCED DIVORCED	B. DATE OF BUTH FULL 25, 1825	lost bigthdoy) Mon	
100. USUAL OCCUPATION (Give kind of wark done during plost of working life, even if retired)	Receptant	augay94	eign county) nd 12	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME JOCOB Rubin /	serbery	14. MOTHER'S MAIDEN NAME  UNDER	w-	
IS. WAS(DÉCEASEDEVER IN U. S. ARMED FORCES? (Yes. no. or unknown) [If yes, give war or dates of service]	SOCIAL SECURITY NO. 17	NET US Rosen	bery - 2206	e RURAL and give nearest town)    County
18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	se for (a), (b), and (c).]	nights		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (o), stoting the underlying couse lost.	Tulky	d Pantol	2	?
PART II - OTHER SIGNIFICANT CONDITIONS C	1.0.	ungrene le	1 Jont	PERFORMED?
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I	or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 While p. m. 19	Not while for	ACE OF INJURY (Home, form, 20fctory, street, office bldg., etc.)	. (City or tawn)	(County) (State)
21. I certify that lattended the decease alive on	17	19 5 / to (1)	3/)	
ACTUAL SIGNATURE	hand that death		SS (Street, city or town, stote)	
PHYSICIAN'S NAME (Type) Del Joseph 24	12-52	6911 Park	Heighbler	e-Balle Min
20. BURIAL, CREMATION 22b. DATE THEREOF  REMOVAL (Specify)  Control of the second seco	Belle Hell	R CREMATORY 22d.	COCATION (City, town, or cour	(Stote)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS M. M.	DATE DATE		

ZWIDOT BORS The state of the s ACTUAL DESIGNATION OF THE PARTY OF THE PARTY

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VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 

11065

Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Baltimore b. COUNTY MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) since 8/13 Baltimore Pikesville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 5616 Cross Country Blvd. Professional House. YES NO IX NAME OF Middle DATE Yeor DECEASED (Type or print) Beulah Rosenbush DEATH 26 19 58 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) 7/9/195 Months Dovs DIVORCED WIDOWED [7] 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) S. Housewife unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Smith Clara Ring 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr. Gabriel Rosenbush - 5616 Cross Country Blvd 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from 6\_\_\_, 19\_5 K, that I last saw the deceased and that death accurred at 722M, from the causes and an the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Buria Cong. Cem. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Chilling & Hears

	T 380MITS IN HARRIE TH ARD ARD ARE	
	The same	
Manufacture Control		

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

Days

(County)

Chilly S. Thank

DATE

ON A FARM? YES NO

Year

19

Min.

MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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11080 CERTIFICATE OF DEATH

11067

11000					Reg. Dis	it. No.		
1. PLACE OF DEATH  o. COUNTY  Balto	MARYLAND	2. USUAL RESIDENCE (WHO STATE	nere deceased l	ived. If institution b. COUNTY	n: Resident		odmiss	ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporo	te limits, write R	URAL ond g	give near	est town	1)
d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION 107 A Dumbarton Rd.	oddress)	d. STREET ADDRESS	rton Rá			e	ON A	FARM?
3. NAME OF First	Middle	Lost	4. DATE	Mon	th	Day		Year
DECEASED (Type or print) SARAH	ELIZABETH	RUARK	OF DEATH	Oct.		27		19 58
female 6. COLOR OR RACE. 7. MARR WIDOWE		8. DATE OF SIRTH	7	AGE (In years lost birthday)	IF UNDER Months	I YEAR I		
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Dressmaking (Rtd)	KIND OF BUSINESS OR INDU		or foreign cou	ntry)	12. CIT	IZEN OF	WHAT	COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		1			
Edward W. Ruark		Elizabeth S.	Digge	•				
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no. or unknown)   (If yes, give wor or dotes of service)	SOCIAL SECURITY NO. 17. I	NFORMANT		Add	ess			1
	one Mr	Edward G. I	Ruark -	2623 P	rnel	Dr	Lve	
18. CAUSE OF DEATH [Enter only one couse per lin			711			INTER	VAL BE	TWEEN
PART I. DEATH WAS CAUSED BY:	PENAL F	AILVRE				ONSE		DEATH
11.50.0 DUE TO						1		
Conditions, if any, which )	ARTERIOSC	LEROSIS				120	1 40	
gove rise to immediate						-	1	
lying couse lost.	SENILLTY	/				To	yo	3
	ONTRIBUTING TO DEATH BUT		P	CONDITION GIV	EN IN PART		PERFO	AUTOPSY PRMED?
PART II. OTHER SIGNIFICANT CONDITIONS C  9040 Fy Column  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING DI CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	FALL ON A			l of item 18.)				- 4
3 20c. TIME OF INJURY Month. Day, Year 20d. 1	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	, 20f. (City o	r town)	(C	ounty)		(Stote)
20c. TIME OF INJURY Month. Day, Year 20d. The Hour o. m. While of work	TAOL WILLIA	ctory, street, office bldg., etc.	Ba	ltimon	2			md
21. I certify that I attended the decease	75		2012	1	that I I			
alive an Oct. 19	O, ond that death	occurred at				ne dote		
ACTUAL AS. Chalf	But	M.D. 6210	YOR	et, city or town,	stole) AD		DA	ATE SIGNE
PHYSICIAN'S DY. A.S. CHA	9 LF ANT	DALT	mo	RE.	18	٢.	m	1
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	Woodlawn . Ce	,		on (City, town, codlawn,			(Stote	e)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	45	D BY REGISTRA		TRAR'S SIG	NATURE		
My 4 Vicknet &	Nous- Bos	2017 DATE OF		- /1	rthur S.			

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

moy be retained by the haspital ar ottending physician.

• FUNERAL DIRE

R: After this certificate has been signed by the ottending physician and campletely filled in by the page 3 should be actoched for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 sho the registror priar to buriol, cremation, ar remaval, and in ony event within 72 hours after death.

TO FUNERAL DIRE

VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11081

**CERTIFICATE OF DEATH** 

11068

	Keg, Dist	. 110.
1. PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE b. COUNTY BA	e before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give hearest town)  RR R VILL & LFET, m. e.	c. CITY OR TOWN (If autside carporate limits, write RURAL and gi	ve nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 16 LINDWOOD AVE	1 2816 LINdwood Ave	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MATILIA E Middle	Rubeling 4. DATE OF DEATH OCT	2 19 5 8
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  UAN 24-1889  9. AGE (In years   IF UNDER 1   Months   E	YEAR IF UNDER 24 HRS. Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during roots of working life, even if retired)  HOUSE WIFE  AT HOME		SA P
13. FATHER'S NAME EXTAR	14. MOTHER'S MAIDEN NAME  VERONICA Shater	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or pulpown) (If yes, give wor or dates of service)	Ohn Rubeling 2818 Linday	ood Ave
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	omatrois	INTERVAL BETWEEN ONSET AND DEATH
170 X DUE TO	ma heast 1948.	
Ganditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (b) UUE TO	ma grease 1978.	
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I ar Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED thour a.m.  P. m. 19 While Nat while at work at wark	ACE OF INJURY IHame, farm, 20f. (City or tawn) (Cactary, street, office bldg., etc.)	ounty) (State)
	6 , 19 #8, to Och 2 , 1958, that I lo	ast saw the deceased
alive an	accurred at 950 M, fram the causes and an the	date stated above.
SIGNATURE Harvelf Burns	MD. 8106 Harfard Rd.	
PHYSICIAN'S Harold NBurn	S.	
220. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) OCT 6-1958 PARKWOOD	CREMATORY 22d. LOCATION (City Jown, or county)  CEMETERY BALTIMORE	(State)
23. FUNERAL DIRECTORY SIGNATURE ADDRESS FOR CLASS FOR EVANS + BON 8802 MAR FOR C	246 RECIP BY REGISTRAR 246 REGISTRAR'S SIGN	

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			1242	
	A SA			
Service in a				
14				1000

eath. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed vithin 24 haurs after

the attending physician and campletely filled in by Then please remove carbon papers. Pages 1 and 2 event within 72 haurs after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11082 **CERTIFICATE OF DEATH**

	1	1	0	6	9
Dist.	N	0.			

1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE o. STATE Mary	(Where deceased lived. If i	nstitution: Residence be DUNTY Baltimo	fore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  TOWSON	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, s	write RURAL ond give n	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 717 Stevenson Lane	address)	/ d. STREET ADDRES	enson Lane		e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print) KYRLE GROVE	Middle CR RUNDEL	Last	4. DATE OF DEATH Octo	Month ber 13, 195	Doy Yeor
Male White WIDOWS	D DIVORCED	B. DATE OF BIRTH	April	years IF UNDER TYEA doy) Months Days	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  Mercahndise Manager Se	kind of Business or Indus			12. CITIZEN	OF WHAT COUNTR
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME		
Morgan Rundel		Alice	Grover		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes, no. or unknown)     It yes, give wor or dotex of service    None   None		erormant amily Reco	rds	Address	
IMMEDIATE CAUSE (6) / TY  H 4 3 X  DUE TO  Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost.  (b) DUE TO  Lying couse lost.	per lensive (		SCULAR DIS	6036	7-7-7-10
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE CONDITIO	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO 4
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	). (Enter noture af injur	y in Port I or Port II of item 1	18.)	
Zoc. TIME OF INJURY Month, Doy, Year 20d. If Hour a. m. 19 While at worl	_ Not while _ fac	CE OF INJURY (Home, tary, street, office bldg.	form, 20f. (City or town)	(County	r) (State
21. I certify that I attended the decease alive an Sept 13, 19 st ACTUAL SIGNATURE O/ber / H // PHYSICIAN'S A/bert J. H		, 19.57, to occurred at 12 A.D. 350	Bol Fo		
220. BURIAL, CREMATION, 22b. DATE THEREOF Cremation Oct.16,1958	Creenmount Cen		22d. LOCATION (City. Baltimore,		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240.		REGISTRAR'S SIGNAT	
John Dumel Sone Tours	Morviland		**= 4 C 1CO	1-Ilun 8 9Tes	12.0

TO FUNERAL DIRE
page 3 shauld be the registrar priar t TO HOSPITAL OR VS A15 (4) 15M 10/57



DATE OCT 1 6 58

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	Joseph Company			
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VS A15 (4) 15M 10/57

	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
11083	CERTIFICATE OF DEATH	R

Reg. Dist. 11070

						-						
	a. COUNTT		te T	raining Sch		2. USUAL RESID o. STATE	2.5		lived. If instituti b. COUNTY	on Residence	before o	dmission)
	b. CITY OR TOWN (II	Baltimore  Foutside corporate lim	its, write	c. LENGTH OF STAY		c. CITY OR TO		land	te limits, write R	URAL and ai	ve negrest	town) /
	Owings Mill	arest town)		3 vears		Baltimore 7. Maryland						
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital,	ive street			d. STREET AC			ndsor Mi	11 Pd		RESIDENCE
	Rosewood St	ate Traini	ng S	chool		7707 NY	19048	/ Ht ddu	desor M	LL IUI		S NO P
	3. NAME OF DECEASED	Fi	st	Middle		Lost		4. DATE	Mon	th	Day	Year
	(Type or print)		rma	Dorth	ea	Sanfo	ord	OF DEATH	10	)	6	19 58
	5. SEX	6. COLOR OR RACE	7. MARS	RIED NEVER MARRIE	D 🖾 E	B. DATE OF BIRTH		9	. AGE (In years lost birthday)			JNDER 24 HRS.
	Female	White	WIDOW			1/17/39			19 yrs.	Months [	Days He	ours Min.
	10a. USUAL OCCUPATIO	N (Give kind of wark ing life, even if retired	done 10b.	KIND OF BUSINESS O	RINDUS	TRY 11. BIRTHPLA	CE (Stote	or foreign cou	ntry)	12. CITIZ	EN OF W	HAT COUNTRY?
/	never_work	ed		none		Man	ylan	d			U.S	.A.
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	Edwin Charl						na Lel	hmann				
	15. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO.	17. IN	IFORMANT			Add	ress		
	no	della dina 9000				arents ar	nd Ros	sewood	Records			
		TH [Enter only one co TH WAS CAUSED BY:	-	ne for (o), (b), ond (c).]								AND DEATH
	ART I. DEA	IMMEDIATE CAUSE (	) S	tatus Epile	ptic	cus					600 Aug	minutes
	4/3X	DUE TO		auta Manai 7	7242						0 3	
	Conditions, if or	nmediate		cute Tonsil	1101	LS					20	ays
	couse (o), stoting t	he under-										
	Z PARY II OTH	ER SIGNIFICANT CON		CONTRIBUTING TO DEA	THE OUT I	NOT BELATED TO	PUE TERMIN	IAL DISEASE	CONTRICTION OF		14 1 30 14	/AC ALIZORAY
	Bilateral			oma with sy				,	iotplegi	gradr:	L- P	ERFORMED?
	PART II. OTH Bilateral 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OF	CURRED	. (Enter noture of	injury in P	ort I or Port I	of item 18.)			
		Month, Doy, Ye	ar 20d II	NJURY OCCURRED	20e. PLA	CE OF INJURY (H	ome form	20f (City o	r town)	15-		(Stote)
	Hour o.m.	19	While	Not while	foct	lory, street, office	bldg., etc.	)	10411)	ICC	ounty)	(Stole)
								10///50	3			
		111-2		ed from 6/2/4/5		, 19,						the deceased
	alive an 10/	0/00	1, 19	and that	deoth	occurred of			the causes of town,		e date s	tated obave, DATE SIGNED
	ACTUAL	Lune B	13.	uller		. ((	in	2265	ma	mil	1 1	0/6/50
	SIGNATURE	7	1		N	A.D			- foo -			0/0/20
	PHYSICIAN'S NAME (Type) HE	erry/G. But	ler.	M.D.		Owin	ugs M	ills, 1	Jaryland			
-	220. BURIAL, CREMATION	N, 22b. DATE THEREC	F	22c. NAME OF CEME	TERY OR				ON (City, town, o			(Stote)
	REMOVAL (Specify) Burial	10/8/58	3	St. Pau	1 Ce	em.			ville.			
	23. JUNERAL DIRECTOR'S		1	APDRESS		12		BY REGISTRA	R 24b. REGIS	TRAR'S SIGN		
	11	re knew	MAN	0 01 VJe	aus	1/	DATEOCT	9 '58	and	hun 8. 4	trace	

No. of the street of the street CHANGE NEW YORK TO BE STORY TO Leaving Chineses and Committee of the Co

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11084 **CERTIFICATE OF DEATH** Reg. Dist. No director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town PHOT after d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Verbrook 2 4. DATE OF DEATH NAME OF Middle DECEASED (Type or print) 6. COLOR OR MARRIED T NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months DIVORCED WIDOWED [ yrs. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI CAUSE OF DEATH [Enter only one couse per line for,(0), (b), and (c)." PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour a.m. Not while of work of work 1953, to Ocx 24, 1958, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 2015 PM, from the causes and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S C. MacLaughlin, M.D. 4508 Edmondson Village, Balto. 29, Md. NAME (Type) FUNER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(Slote)

Days

ON A FARM

YES INO DE

Year

19 58

15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11072

CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND Maryland c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town Caton sville 13vrlmth6dvs Baltimore County d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 21/10 Druid Park Drive GROVE HOSPITAL YES NO NAME OF 4. DATE First Middle Day Yeor DECEASED Scherman October Harry DEATH (Type or print) 19 9. AGE (In years lost birthday)
58 yrs. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX Months Davs male white WIDOWED | DIVORCED | July 6. 1900 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Austria Austria accountant 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Isaac Scherman Rachael Siezelgerch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Unknown Records: SPRING GROVE STATE HOSFITAL unknown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Cerebral vascular accident DUE TO Hypertensive cardiovascular disease Conditions, if ony, which (6) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased fram Oct. 22 19 58 ta Oct. 23 1958 that I last saw the deceased alive an Oct. \_\_\_\_, and that death accurred at 8:145 p.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED feller Wachsler ACTUAL SPRING GROVE HOSPITAL 10 - 24 - 58PHYSICIAN'S NAME (Type) Catonsville 28. Maryland

270 BURIAL, CREMATION, 226. DATE THEREOF

Stella Wachsler, M. 22c. NAME OF CEMETERY OR CREMATORY

23 FUNERAL DIRECTOR'S SIGNATUR

REMOVAL (Specify)

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATEOCT 2 8 '58

0 VS A15 (4)

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VS A15 (4) 15M 9/55 M

90

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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11086 CERTIFICATE OF DEATH

Reg. Dist. No. 73

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	2. USUAL RES		nere decease	d lived. If institut b. COUNTY		efare admiss	sion) #
RURAL ond give	(If outside corporate limits nearest tawn) nsville	, write c. LE	NGTH OF STAY IN 16	100	town (if o		prote limits, write	RURAL and give	nearest fow	n)
d. NAME OF HOSP OR INSTITUTION	TATERO TOL	e street addressen Nur	sing Home	124 (	ADDRESS Clyde	Aven	ue			FARM?
3. NAME OF DECEASED (Type or print)	First		Middle Agnes	Schi	ninke	4. DATE OF DEATH	Ma	nth ct <b>å</b> ber	,	Y <sub>p</sub> or 19 58
5. SEX Female	1	7. MARRIED [	NEVER MARRIED [	8. DATE OF BIRT		1877	9. AGE (In years last birthdoy) 80 yrs	Months Day		ER 24 HRS. Min.
10a. USUAL OCCUPAT during most of wo Clerk	ION (Give kind of work dirking life, even if retired)	one 10b. KIND	OF BUSINESS OR IND		LCa,				OF WHAT	COUNTRY?
13. FATHER'S NAME	Oliver Desg	ານຳກ		14. MOTHER'S		IAME				
	ER IN U. S. ARMED FORCE	ES? 16. SOCIA		INFORMANT Lctor Sci			Add	ress vde Ave	Lan	sdowne
Conditions, if gave rise ta cause (a), stating lying cause last	the under DUE TO	A R	IBUTING TO DEATH BU	E C COS	THE TERMIN	RA PISEAS	TARO WIR SE CONDITION GI	117 18 i 2 's)	NSET AND	AUTOPSY
PART II. O'  200. ACCIDENT W OR CONTRIBUTION  (IF EITHER, NOTIF	AS UNDERLYING [	Ob. DESCRIBE	HOW INJURY OCCURR	ED. (Enter nature o	of injury in F	Port I ar Po	t II of item 18.)			NO [
(IF EITHER, NOTIF		While N	OCCURRED 20e. F	PLACE OF INJURY I actory, street, office	Hame, farm e bldg., etc.	20f. (Cit	y or tawn)	(Caunt	у)	(Slote)
21. I certify to alive on	hat I attended the	deceased from, 19.5	am. Y f	h occurred at	11:50	ADDRESS (S	the causes treet, city or town,	and an the o	late state	
PHYSICIAN'S NAME (Type)	JUNN H	She	rul by p	B	1-4	T	8, W	112		74/
BURIAL CREMATI			NAME OF CEMETERY Oudon Park		У		TION (City, tawn, ltimore	or county)	(Stat	e)
23. FUNERAL DIRECTO	r's signature ook, Inc.,		ADDRESS t.Paul Str	eet	240. REC'S	D BY REGIST		istrar's signat		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

IS RESIDENCE

YES NO T

Year

19 58

Rea. Dist. No.

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

(-> (LR\_ "

PERFORMED? YES M

NO D

(State)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

31

Days

(County)

HIAZORO IT	CERTIFICA	***
	indited:	Manual Beltigore
	AM 1000 100 100 100 100 100 100 100 100 1	ALC PROPERTY.
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remed at the stranger of the all series	13 -03-41	
alieble Hander Trees 1090	The state of the s	OF THE CONTRACTOR OF T
Control of an alternative interest and a second a second and a second		
		Committee of the Commit
	those to the second	Committee of the control of the cont
	that a to	
	that of the second	

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

SN

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11075

Reg. Dist. No.

### 1091 CERTIFICATE OF DEATH

								4					
I. PLACE OF	DEATH					2. USUAL RESIDENCE	E (HOME) OF D	ECEASE	D				
COUNTY	Baltimore		IV.	ARYLAN	D	STATE Mary Land	COUNTY						
						CITY (II outside corporete limits, write RURAL and give neerest town)							
OR and gi TOWN	Dundalk			50 year	urs	OR	imore						
HOSPITAL OR	OR					STREET ADDRESS	(Il rurel giv	ve location					
STREET ADDRI	2908 P	age Dri	ive			413	N. Curley	St.					
3. NAME OF DECEASE	(First)		(Middle	)		(Lest)	4. DATE (Mo	nth)	(Day)	(Yee	er)		
(Type or Print)		LDA		SELA	INDER		DEATH ()	ct. ]	2.	19	58		
5. SEX	6. COLOR OR		E, MARRIED,		DATE C	F BIRTH 9.	AGE lest birthdey			IF UNDER			
Fomolo	White	WIDO (Speci	WED, DIVORCED  (b) Widowe	0,		20 2000	EO.	Months	Days	Hours	Min.		
Female					une .	18, 1880	78 yrs.			1 00 1:01			
	JPATION (Give kind most of working life,		10b. KIND OF OR INDUS	STRY		11. BIRTHPLACE (State or loraige	country)		12. CITIZEI COUN		AT		
retired) A	home					Germany			U.S.	A.			
13. FATHER'S NA	ME					14. MOTHER'S MAIDEN NA	AME						
	? Bay	er				Don't k	now						
15. WAS DECEAS	ED EVER IN U. S. AF	RMED FORCES	16. SOC	IAL SECURIT	Y NO.	17. INFORMANT & AD	DRESS						
(Yas, no, or unk.)	(If Yes, give wer or	r dates of servic	(e)			France Color	nden Ct.		16.2				
110.			1	8. MEDIC	AL CER	Eugene Sela:	nder - Str	eet.		RVAL BETY	WEEN		
I DISEASES OR	CONDITIONS DIRECTL	LY LEADING TO			COA	-A: // 1	1	17		ET AND D			
260 X IM	MEDIATE CAUSE	(A) (	Colle	wol	cle.	ole lake	Vascul	6					
	ECEDENT CAUSE(S)	DUE TO		/ '	/	KELD 1	)		4	7			
DISEASES OR CO	THE ABOVE CAUSE	F	(2)		7)		esta						
STATING UNDERL	YING CAUSE LAST	DUE TO	1/1	ale	le	nellele			111	Me			
II OTHER SIGNIFIC	ANT CONDITIONS C									1	42		
	BUT NOT RELATED TO								1	/			
19a. DATE OF OP			INDINGS OF OF	PERATION					20	AUTOPS	Y 2		
									YES	☐ NO			
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH	H OF INJUR	CE (Homa, farm Y streat, office b	n, lactory, oldg., atc.)		21c. WHERE DID INJURY OCCUR?	(City or town)	(Co	unty)	(Stete	)		
21d. TIME OF INJU	JRY (Month) (Dey	Year) (Hou	ur) 21a. INJUR	Not whi	D	21f. HOW DID INJURY OCCUR							
		N	A. et work	Not whi				-/					
22. I hereby	certify that !	attended th	Aerosed	from		19.25 , well	12,1930	Pahas	I last cav	, the de			
	18 . 1 . 10	10				10/1-					reased		
alive on		19.2.6	, and mar	death occ	urred at	M, from the ca	uses and on the c ESSA(Street, city, tow						
0000	er &	d,	Pars	the,	M. D.	EG39 TX80	o Oler	(1)		O F	STI		
23 BURIAL, CREA		ATE THEREOF	NA NA			CREMATORY /	LOCATION (City, tow	n, or coun	ty)	1 4	Blata)		
REMOVAL (S Burial		Oct. 16	. 1958/	Balti	more	Cemetery	Baltin	,					
24. REC'D BY REC		EGISTRAR'S SIG		/		25. FUNERAL DIRECTOR'S SI		,	ADDRESS				
DATE OCT 2	0.58	0.11. 2 8	4			III Trich Finers	Home 491	0 B-	loin T	2003			

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## HTATORO BY ASPITATOR DEATH

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			tern to a real condition of each 1.42.
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The state of the s			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11088 CERTIFICATE OF DEATH Reg. Dist. N 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE aryland b. COUNTY filed Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give negrest town)
Fort Howard 80 Days Baltimore 3 VO1-4 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE 50 ON A FARM? 1105 West Mosher Street eterans Administration Hospital YES NOTE NAME OF 4. DATE Middle filled EARNEST SELLERS October 58 DEATH (Type or print) 9. AGE (In years dost birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days April 15, 1896 Male Colored WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farmer Tobacco Farming Dillon, South Carolina U. S. A. pup carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ella Smith George Sellers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Clin. Rec. Vet. Adm. Hospital. Ft. Howard, Maryland Yes Unknown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: CARCINOMA OF LUNG. RIGHT IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IX 20∞. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work detached OR: ADDRESS (Street, city or lown, stote) DATE SIGNED ACTUAL relinar M.D. VA HOSPITAL, FORT HOWARD, MARYLAND RAL DIR may be rei PHYSICIAN'S IRVING FREEMAN, M.D., Chief, Medical Service 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, REMOVAL (Specify) Bethel Hill Cemetery Dillon County, South Carolina Remova! 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 1808-10 N. Monroe St. 240. REC'D BY REGISTRAR

Cition & Thous

Arlington S. Phillips

certificate

requires that the

Baltimore 17, Maryland DATE OCT -8 '58 TO: E.L. Shipman, Latta South Carolina

THO MIND A SECOND SO THE WAY A SECOND STATE OF A THE RESIDENCE OF THE PROPERTY OF THE PARTY O A CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF and the property of the state o

may be retained TO FUNERAL DIRE

VS A15 (4) 1SM 10/S7

11077

Reg. Dist. No.

o. COUNTY Baltim	ore	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution: Reside b. COUNTY	ence before admission)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carparate limits, write RURAL and	give nearest town)
Fort H		16 Days	Baltimore	3 V 0 1 -	11-
	AL (If not in hospital, give street		d. STREET ADDRESS		e. IS RESIDENCE
	ns Administrati	on Hospital	1606 Olive	Street	ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print)	First E.T.T	Middle W	SHEARER	4. DATE Month OF DEATH October	29 Yeor 1958
S. SEX		RIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years IE UNDE	R 1 YEAR IF UNDER 24 HRS.
Male	White widowi		August 13,189	Jost birthdoy) Months	Days Hours Min.
10a. USUAL OCCUPATIOn during most of work Laborer	DN (Give kind of work dane 10b. king life, even if retired)	reet Cleaning			TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Eli Shear	er		Sarah Fair		
	R IN U. S. ARMED FORCES? 16.		Informant Lin.Rec., Vet.	Adm. Hospital, Ft. How	ard, Maryland
Conditions, if o gave rise to i couse (a), stating lying couse lost.	DUE TO  ny, which (b) HY	LMONARY EDEMA PERTENSIVE CAR			ONSET AND DEATH 2 WEEKS +
ICATI	HER SIGNIFICANT CONDITIONS C			INAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
	S UNDERLYING   206. DESC   CAUSE OF DEATH   MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Part II af item 18.)	
20c. TIME OF INJUR Hour o. m. p. m.	19 While of world	Not while fa	ACE OF INJURY IHome, form ctory, street, office bldg., etc		(County) (State)
21. I certify th	ot ottended the decease	ed from October	13 , 19 58 , to Oct	tober 29 , 1958 MAKK	THE X X X X X X X X X X X X X X X X X X X
ACTUAL SIGNATURE		XXXX and that death	occurred ot7:00	A.M., from the couses and on t ADDRESS (Street, city or town, state) TAL, FORT HOWARD, MA	the date stated above.  DATE SIGNED
PHYSICIAN'S CH	HEN WEI LAN, M.	D.	VAH, FORT	HOWARD, MARYLAND	
220. BURIAL, CREMATIO. REMOVAL (Specify) BULLAL	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or county) Baltimore, Marylan	(Stole)
23. FUNERAL DIRECTOR'S	s signature Cully Funeral H	ADDRESS 128 E. Fo: Iome Baltimore		D BY REGISTRAR 24b. REGISTRAR'S SI OV 3 '58 Cuthun 2	

post contract set that he the annual plant and the many of the light and the second properties being an all the second plants and the second and the property of the second this this

After ō

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy death certificate assembly should be detached for use as a burial transit permit.

DATECT 21

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 1 FilmG235 10-23-58 et

11078

Reg. Dist. No.

#### CERTIFICATE OF DEATH 11090

			Constitution of the second	
1. PLACE OF DEATH	2. USUAL RESIDEN	CE (HOME) OF DE	CEASED	
county Baltimore MARYLAND	STATE Marvla	and county	Carroll	
CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR end give nearest town) (In this piece)		ete limits, write RURAL en		1
Town Reisterstown 4 mo	mentation.	alSvkesv	rille o	1 V
HOSPITAL OR	STREET	(If rurel give		5 / = = =
INSTITUTION OR STREET ADDRESS "Daughter's home"	ADDRESS			
3. NAME OF (First) (Middle)			(6.)	
DECEASED	(Lest)	4. DATE (Mont)		(Year)
200 Car 200 Ca	PLEY	DEATH (	CT. 17	, 19 58
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH 9	. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HR
male white Specific dowed 7-7-	1869	89 yrs.	Months Days	Hours Min.
10a, USUAL OCCUPATION (Giva kind of work   10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreig	n country)		N OF WHAT
done during most of working life, even if OR INDUSTRY retired retired farmer Owner	Maryland		U.S	
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AAAC	1 0.0	•
Brice Shipley	Mary J. Bu			
		9		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, no, or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & A	DDRESS		
no none	Mr. Eldri	idge Shipl	ey, Sa	me
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION			RVAL BETWEEN SET AND DEATH
· T	Parlande	1		
4 BRONCHIAL	TNEUMONIA	<u> </u>	- 2	415.
ANTECEDENT CAUSE(S) DUE TO ANTER LOS COLO	ROTIC C.V.	Distance	-	Vinan
CIVING DISE TO THE ABOVE CALLED	10/16 6.01	DISENS	5	(EMX)
STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	RT. FEMO	IP	5	- whe
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	1111 / 61110	71		O. AUTOPSY?
903.0			YES	A
	21c. WHERE DID INJURY OCCUR	? (City or lown)	(County)	(State)
218. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   CF INJURY street, office bidg., etc.)	BOND AVE RE	ISTERSTOWN	BALTU.	mo
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR		F3-10.	113.
SFPT. 8 14C8 SHM. While at work of work	Feel or sid	of bed.		
22. I hereby certify that I attended the deceased from JUNE.			the LL L	
alive on OCT, 1958, and that death occurred a				
Don't Common	ICO Mas CL	ESS Street, city, town	, store)	DATE SIGNE
M.D.	18 111am 8".	Justers An	me 1110.	1/11/
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF	CHEMATORY	COCATION (City, town,	or county)	(Sizie)
BURIAL 10-20-1958 Westmin	ster	Westmins	ter.	Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS	
Cathan S. Kerus	C. M. Wal	LTZ, Win	field,	MIG.

CERTIFICATE OF DEATH THE RESIDENCE OF THE PROPERTY AND IN CO. IT.

110 MEDICAL EXAMINER'S CERTIFICATE OF DEATH please exeemotion, Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY Baltimore TOI, or MARYLAND Marvland Baltimore b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) vears 19 Edgemere Edgemere d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE director prior ON A FARM? 00 Hughes Avenue 7313 Hughes Avenue YES NO D 3. NAME OF Middle DATE Day Year DECEASED Bojdo (Type or print) Petronla Shul tek DEATH October 8 58 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. retained 1 Months Hours White Female WIDOWED | 3 to t DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo Family Home Poland Poland and a Housewife Give Pages 1, 2, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File poggs -1 John Bojdo Anna 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes, give war or dates of service) Joseph Shultek none Same as No 18. CAUSE OF DEATH [Enter only one cause pep line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) **DUE TO** Conditions, if ony, which in pencil gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. writing the word "pending" in itely Medical Examiner's Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 00 CERTIFICATION PERFORMED? used YES | NO X 20a. EXTERNAL CAUSE WAS
PRIMARY ☐ or CONTRIBUTING ☐
CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Month, Day, Year 20d. INJURY OCCURSED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) No while 0 m of work of work p. m. Inspection Inquiry I and find that 21. I certify that I took charge of the remains described above, held on Autopsy , Accident death resulted from: Natural causes 12. Suicide . Homicide . Undetermined couse CTO DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNATURE ASSISTANT MEDICAL EXAMINER FUNERAL orded EXAMINER'S October 195 DEPUTY MEDICAL EXAMINER IT NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) (Stote) for 0 Baltimore Co.. Md. Holy Cross Cemetery ADDRESS 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 10/57 M

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11092 CERTIFICATE OF DEATH

	4.2	CODIN						Reg. Di	st. No.		
1. PLACE OF DEATH	Rosewood Stat	e Trai	ning Scho	0 2.	USUAL RESIDENCE (W	here decease	d lived. If instituti	on: Resider	nce befor	e odmi	ssian)
d. COOM	Baltimore		MARYLAN	D	o. STATE Maryl	and	b. COUNTY		Char	les	
b. CITY OR TOWN RURAL and give	(If autside carparate limits, w	rile c. LEN	IGTH OF STAY IN 1	b	c. CITY OR TOWN (If	autside carpo	rate limits, write R	URAL ond	give nea	rest tow	rn) V
	Lls, Maryland				Cobb Islan	d, Mar	yland	08	X	2	
OR INSTITUTION					d. STREET ADDRESS				1	ON	SIDENCE A FARM?
	State Training	ocnoo								YES [	1 NO)
3. NAME OF DECEASED (Type or print)	First Tho	mas	Middle L.	SI	hymansky	4. DATE OF DEATH	OCT	th	Day	2	Year 19.58
5. SEX	6. COLOR OR RACE 7.	MARRIED [	NEVER MARRIED	] B. D	ATE OF BIRTH		9. AGE (In years	IF UNDER	TYEAR	IF UND	ER 24 HRS.
Male	White wm	OOWED [	DIVORCED [	8	/29/49		last birthday) yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPA during most of w	TION (Give kind of wark done orking life, even if retired)	10b. KIND C	F BUSINESS OR IN	DUSTRY			ountry)				T COUNTR
		-	date that ages		Maryl	and			U.S.	A.	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME					
Thomas L.	Shymansky, Jr	•			Leona Mari	e Thom	pson				
15. WAS DECEASED E	VER IN U. S. ARMED FORCES?  (If yes, give wor or dates of service)	16. SOCIAL	SECURITY NO. 17	. INFO	RMANT		Addi	ess			
no	tempolish		malle		Rosewood R	ecords					
1B. CAUSE OF D	EATH [Enter only one cause	per line for (o	), (b), and (c).]		4.0				INTE	RVAL B	ETWEEN
	EATH WAS CAUSED BY:	fro.	1 000 0-11 11		Ribbletao				ONS	E AND	DEATH
527.8	DUE TO	17700	20/2/2020	1	0000000					Dela	
Conditions, if		101.	P.	, ,	· 4	01.	Piones		9 1	1.	0.
gove rise to	immediate (	Mich	ue ice	age	untery o		200		-	13	-
couse (a), statin				0		0					
	THER SIGNIFICANT CONDITION	ONIC CONITRIE	UTING TO BEATH	UT NO	T DELATED TO THE TERM	In lat Biccaci			1		
PART II. C	ital Cerebeal	Justu	Suprite	1	Rudiple	give -	- Conversion GIV			PERFC YES [	ORMED?
20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIL	WAS UNDERLYING 20b. NG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE H	OW INJURY OCCU	RRED. (E	nter nature of injury in	Part I ar Part	Il of item 18.)				
		0d. INJURY C	OCCUPPED 20m	PLACE	OF INJURY (Home, form	205 16.					
20c, TIME OF INJU Hour o. m p. m	. v		at while	factory	, street, office bldg., etc	:.)	or town,	(1	County)		(State)
21. I certify	that pattended the dec			/	., 19.57 ta_6		10, 19 5				
alive on	301 10	19 20	, and that dec	ath oc	curred at/0:05	PM, from	the causes a	nd an t	he dat	e stat	ed abav
ACTUAL SIGNATURE	Olive Buit	Har	216	M D	Rosen	ADDRESS (SI	reel, city or town,	stote)	Se.	hos	ATE SIGNI
PHYSICIAN'S NAME (Type)	Olive Reid	Ha	rris		Qui	ugo/	Willo	Ma	ul	nu	el.
220. BURIAL, CREMATI REMOVAL (Specif	10M) 22b. DATE THEREOF	/ nc. N	AME OF CEMPTERY	OR CR	EMATORY /	20. LOCAT	ION (City, town o	(county)	1	AS101	iem/
23. FUNERAL DIRECTO	R'S SIGNATURE	1/4	DDR6SS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 Climeter	1 A Dr	the the	ulle	lour	ely,	1181
0	1	) 7/	The state of the s	1.0	A m 1740. REC	D BY REGIST	RAR 126b. REGIS	TRAR'S SIG			

JING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs

is hospital or ottending physicion.

A: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remave corbon pagers. Pages 1 and 2 shou is filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.

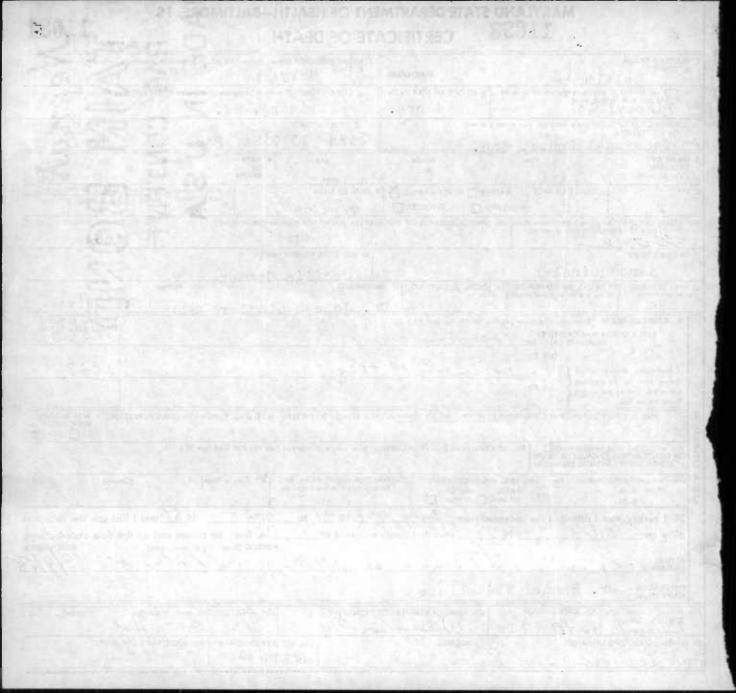
4) 57 0

a.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11093 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

1. PLACE OF DE o. COUNTY	ath Baltimore		MARYL	AND	a CTATE	Maryl		b. COUNTY		e befare ad	mission)
b. CITY OR TO	DWN (If outside carporate limit	, write	c. LENGTH OF STAY I	N 1b	c. CITY OR 1	OWN (If ou	utside corpo	rate limits, write l	RURAL and a	ive negrest t	gwn) V
RURAL and	give nearest town)		4 hr			timor			3 v	01-1	7
OR INSTITU		ve street	address)		ON A						RESIDENCE N A FARM?
Profess	sional House	_In	C.		XXX	1010	St.	Paul	St.	YES	□ NO □
3. NAME OF DECEASED (Type or print	Firs Pearl		Middle		indler		4. DATE OF DEATH	Мо	10	Doy 8	Year 19 58
S. SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARRIE	100.00	B. DATE OF BIRT	Н		9. AGE (In years	IF UNDER T	YEAR IF U	NDER 24 HRS.
F	W	WIDOW		_	7/13/	/85		last birthday)	Manths I	Days Hou	irs Min.
10a. USUAL OCC	UPATION (Give kind of work d	ane 10b.	KIND OF BUSINESS OF	INDU:	STRY 11. BIRTHPL	ACE (State o	or foreign co	ountry)	12. CITI	ZEN OF WE	AT COUNTRY
1 -11	af warking life, even if retired)					Russ	ia			USA	
18. FATHER'S NA	ME				14. MOTHER'S	MAIDEN N	AME				
Aa	ron Sindler				Coci	lia	Czow				
15. WAS DECEAS	SEDEVER IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.	17. II	NFOR/AANT		A L.SUILE	Add	fress	100	
Yes no. or unknown	(If yes, give wor or dates of se	rvice)		D	r. Jose	nh S	indle	r 829	Lak	e Dri	ive
18. CAUSE	OF DEATH [Enter only one cau	se per li	ne for (a), (b), and (c).								BETWEEN
PART	I. DEATH WAS CAUSED BY:	10	unomat	~ ·							ND DEATH
170	X IMMEDIATE CAUSE (a)	Co	conomas		Z					17	0 / 1
	000 10			-1	4						67
	s, if any, which ) (b).	co	zun oma	1	occor					199	8
	ta immediate DUE TO			/							
lying caus											
PART	II. OTHER SIGNIFICANT COND	ITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. W	AS AUTOPSY REORMED?
3										YES	NO IX
PART  OUT  OR CONTRII  (IF EITHER, N	NT WAS UNDERLYING  BUTING CAUSE OF DEATH HOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature a	f injury in Po	art I ar Part	II of item 1B.)			
20c. TIME OF	INJURY Manth, Day, Yea a. m. p. m.	While	NJURY OCCURRED  Not while at work	20e. PL/ fac	ACE OF INJURY (I stary, street, office	Home, form, bldg., etc.)	20f. (City	or lawn)	(Co	ounty)	(State)
21, I cert	ify that I attended the	deceas	ed from Quel	1.19	48,194	T to	out 1	195	that I le	ast saw ti	he deceased
alive on_	ort 8	19.5	~ / /		occurred of		M, fron				
ACTUAL SIGNATURE	Such	hi	thous		M.D. 29	33	, m	eet, city or jown	(state)	11-	DATE SEGNE
PHYSICIAN'	Dr. Samuel	Wh	itehouse								
22a. BURIAL, CRE REMOVAL (S Decre	MATION, 22b. DATE THEREON	328	22c. NAME OF CEME	TERY O	r CREMATORY		22d. LOCAT	TION (City, town,	ar county)	4.	State)
23. FUNERAL DIR	ECTOR'S SIGNATURE	, 8	ADDRESS	0		24a. REC'D	BY REGIST		ISTRAR'S SIG		
1200	wy me - 210	0 0	uner 1-			DANIE	0				



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VS A15 (4) 15M 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11094 9, film G 235 10/30/58 ggaTH

11082

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Baltimore Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Owings Mills d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE 1727 Arlington Ave. ON A FARM? Owings Mill YES NO NAME OF 4. DATE OF DEATH First Middle Month Day Year DECEASED (Type or print) Oct.18.1958 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years last, birthdoy) Months Days Hours Min. .1869 WIDOWED TY DIVORCED | Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired Watchman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David R.Smith Rosanna 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address .Smith Arlington Ave. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour Q. fl. foctory, street, office bldg., etc.) While Not while of work p. m. of work 21. I certify that I attended the deceased from OC 19.5 8 that I last saw the deceased and that death accurred at 41.30 AM, from the causes and an the date stated above. ADDRESS (Street, city of town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Meadow Ridge Cemeter Dorsey, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE Wilkens 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR DATE 2

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
11096	CERTIFICATE	OF	DEATH	

					reg. Dist. It	10.	
1. PLACE OF DEATH  o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased li	ved. If institution b. COUNTY	Residence be	fore odmissi	lon)
b. CITY OR TOWN (If outside corporate limits,	vrite c. LENGTH OF STAY IN 16	Maryland	1.14	- 11-12-1-12-12-12-12-12-12-12-12-12-12-12	141 1 -1	DOMO A	,
RURAL and give nearest town)  Fort Howard	40 Days	c. CITY OR TOWN (IF o	outside carporal	e limits, write KUI	KAL and give r	nearest tawn	
d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION	street oddress)	/ d. STREET ADDRESS					FARM?
Veterans Administr	ation Hospital	367 Hiller	Road			YES 🗌	NO M
3. NAME OF First DECEASED (Type or print) MATTHEW	Middle	SMTTH Lost	4. DATE OF DEATH	Month Octobe			reor 19 58
	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years II	FUNDER 1 YE		
	DOWED DIVORCED	November 15.			Manths Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of wark dans during most of warking life, even if retired)	106. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	or foreign coun	itry)	12. CITIZEN	OF WHAT	COUNTRY
Laborer-(lumber handler	Construction	Baltimore.	Marrol	and	U.S.	Δ	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N					-
Alfred Smith		Sarah Johns	son				
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes. no or unknown)   (If yes, give war or dates of service	? 16. SOCIAL SECURITY NO. 17.	INFORMANT		Addres	11		
Yes WW I	218-09-7351 C	lin.Rec. Vet.	dmin.	Hospital	Ft. How	rard.M	id.
18. CAUSE OF DEATH [Enter only one couse					IN	TERVAL BET	TWEEN
PART I. DEATH WAS CAUSED BY:	BRONCHOPNEUMONIA	DTTAMPDAT				UNKNOW	
491X IMMEDIATE CAUSE (o)	DRUMOROFREDRUMLA	DITIATENAL				O INITIACA	113
Canditians, if any, which ) (b)							
gove rise to immediate (							
bine cause last							
	ONS CONTRIBUTING TO DEATH BU'	T NOT RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIVE	N IN PART 1(o)	19. WAS A	AUTOPSY
S CARCINOMA OF THE STO						PERFO	
E 20a. ACCIDENT WAS UNDERLYING   20t	DESCRIBE HOW INJURY OCCURRE		Port I or Port II	of item 18.1		ira PA	МОП
OR CONTRIBUTING   CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCURRE	D. (Enter notore of injory in a	011 1 01 1 011 11	or nem ro.,			
3 20c. TIME OF INJURY Manth, Day, Year	20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, form	20f. (City or	town)	(Count	y)	(Stote)
	While Not while fo at wark ot work	ctory, street, affice bldg., etc.	.)				
21. I certify that attended the de	ceased from August 20	9 . 1958 . toOct	ober 8	1958	1000000	CHI TO COME	decervan
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	The state of the s			et, city ar tawn, st			ATE SIGNED
ACTUAL XIII WA	RIN		diana.			3.0	10150
SIGNATURE CONTRACTOR	Tav	M.D. VAH, FORT	DUMAGIL	- LIAGILLA	Δ <b>L</b>		79750
PHYSICIAN'S NAME (Type) CHIEN WET LAN	M.D.						
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATIO	N (City, town, or	county)	(State	2)
REMOVAL (Specify)		tional Cemeter					
23. FUNERAL DIRECTOR'S SIGNATURE			D BY REGISTRA		ary and		-
The state of the s	1701 McCullol	h St.			Thun S. 7	-	
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PART CHARLES AND AND AND ADDRESS.

after death.

TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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death: Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, 18

11086

	110	82	CERTIFI	CATE	OF DEAT	Ή		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY Bal	timore		MARYLAI	0 '	UAL RESIDENCE (V STATE Mar	Where decease	d lived. If instituti b. COUNTY			e admiss	ion)
b. CITY OR TOWN (I RURAL and give no	If outside corporate limi	its, write	c. LENGTH OF STAY IN	1b c. (	CITY OR TOWN (II	oulside corpo	prote limits, write R	URAL ond	give nea	rest town	1)
Rural Balt	imore		7 weeks		Ha	rney	0	6 X -	2		1
OK III SIII SIIOI	[AL (If not in hospital, g		"Daughter's	3 d.	STREET ADDRESS					e. IS RES ON A YES	IDENCE FARM?
3. NAME OF DECEASED	Fi		Middle		Lost	4. DATE	Mor	ith	Do	у	Yeor
(Type or print)	Ruth	1		Sn	ider	DEATH	Octobe	r 28			19 58
S. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER	1 YEAR	IF UND	ER 24 HRS.
Female	White	WIDOWE		- 1 TIO A	ember 4.		82 yrs.	Months	Doys	Hours	Min.
during most of worl	king life, even if refired	)	KIND OF BUSINESS OR I	NDUSTRY 11		le or fareign c	auntry)				COUNTRY?
Housewor.	K	101	n home	14.4	Maryland	NAME		10.	S.A.		
	iam A. Snid	ler			Alice						
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFORMA			Add	ress			
no				Samue	1 D. Sni	der. Ta	anevtown.	Md.	R.	.D.	
		<u>, ((</u>	e for (o), (b), and (c).]	ma	ofs	live	1		INTE	RVAL BE	TWEEN DEATH
couse (o), stoling lying cause last.	The under-	)									
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NOT RE	LATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 19	PERFO	AUTOPSY PRMED?
	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	205. DESC	RIBE HOW INJURY OCCU	URRED. (Enter	nature of injury in	Port I ar Par	t It of item 18.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	20d. IN While of work	Not while	e. PLACE OF factory, str	INJURY (Home, far eel, office bldg., e	rm, 20f. (City	or town)		County)		(Stote)
21. I certify the olive on	at Lattended the 2's Och S	decease 19 19 WW	ed from 3 sep , and that de	eath accur			n the causes of treet, city or town,	nd on t	last sa he dot	e state	deceased abave.
PHYSICIAN'S NAME (Type)	W. E. BAE	RMANN	, M.D.				re 22. M	arvla	nd	- 40 d f	
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC	F	22c. NAME OF CEMETER	RY OR CREMA			TION (City, town,			(Stote	e)
Burial	Oct. 30,	1958	Lutheran	Cemet	ery	Н	arney, Ma	rylar	nd		
23. FUNERAL DIRECTOR	S SIGNATURE	71/11	ADDRESS		24g. REC		RAR 24b. REGIS			E	

24a. REC'D BY REGISTRAR DATE OCT 3 0 '58

24b. REGISTRAR'S SIGNATURE arthury S. Frans

TO FUNERAL DIRE. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shouther registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE
C.O.Fuss & Son,

Taneytown . Md .

MITABLE OF MACHINES Terral March Maria de 18 118 Prill A Hersey Part of control of the control of th THE BOLL STEEL Amend J. Salder, Benevices, 18, 2001. Surial Cot, 30, 1991 Latheren Constant Later . M. modregez . . co . com. J. D.

		110	099	CERT	IFICA	TE OF DEAT	H	R	Reg. Dist. I	No.11087
	LACE OF DEATH D. COUNTY	BALTIMORE		MAR	YLAND	2. USUAL RESIDENCE (W o. STATE MARYLA		lived. If institutions b. COUNTY	Residence b	efore admission)
b	CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAT	Y IN 16	c. CITY OR TOWN (IF		ote limits, write RUR.	AL and give	nearest fown)
F	FORT HOWAR			37 DAYS		WOODBI	NE:	01	6 X	2
		AL (If not in haspital, g	ive street			d. STREET ADDRESS				. IS RESIDENCE
7		DMINISTRAT	TON F	JOSPITAT.		ROUTE	#2			ON A FARM?
	NAME OF	Fir		Middl	U	lost	4. DATE	Month		Day Yeor
8	Type or print)	EDW		RAYMO		SNOWDEN	OF DEATH	OCTOBER	7	_
5. 5				RIED NEVER MARR		B. DATE OF BIRTH			-	AR IF UNDER 24 HI
	MALE						1887	lost birthday) A	Aonths Day	The state of the s
-		COLORED	WIDOWI					71 yrs.		
_	during most of worki	ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stole			12. CITIZEN	OF WHAT COUN
	FARMER					LISBON,		ID	U.	S.A.
3. 1	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
I	LORENZO SN	OWDEN				LOUISE (M	ATDEN N	IAME UNKNO	MM)	
		IN U. S. ARMED FOR		SOCIAL SECURITY N		FORMANT		Address		
(140,	YES	If yes, give wor or dates of s	2	218-30-47	66CL	IN REC VET	ADM HOS	P FORT H	HOWARD	, MARYLAN
T	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c	1.1					NTERVAL BETWEEN
			от ре	יים יים ניסון וניסון מוש ניס	<i>r</i> ]				C	NSET AND DEATH
	PART I. DEAT	TH WAS CAUSED BY:	TITT	MORIADY DID	20.04					
		IMMEDIATE CAUSE (0	-	MONARY EDI	EMA					UNKNOWN
	450.0	IMMEDIATE CAUSE (o								UNKNOWN
	450.0 Conditions, if on	DUE TO  ny, which )	LICA	MONARY EDI						
	450.0	DUE TO	HEA	RT FAILURI	3	GENERALIZED				UNKNOWN
CATION	Conditions, if on gove rise to in couse (o), stoting the lying couse lost.	IMMEDIATE CAUSE (o  DUE TO  ty, which (b  nmediate the under- (c)	HEA	RT FAILURI	e Osis,	GENERALIZED NOT RELATED TO THE TERM	IINAL DISEASE	CONDITION GIVEN		UNKNOWN UNKNOWN
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	Conditions, if on gove rise to in couse (o), stoting t lying couse lost.  PART II. OTH	IMMEDIATE CAUSE (o DUE TO ty, which n mediate the under- (c ER SIGNIFICANT CON S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	HEA	RT FAILURI	OSIS, EATH BUT I	NOT RELATED TO THE TERM	Port I ar Part I	II of item 18.)		UNKNOWN  UNKNOWN  UNKNOWN  19. WAS AUTOPS PERFORMED? YES NO [
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MEDICAL	Conditions, if on gove rise to in couse (o), stoting the lying couse lost.  PART II. OTH  200. ACCIDENT WA' OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJURY Hour o. m. p. m.  21. I certify the	DUE TO  Ty, which n mediate the under-  ER SIGNIFICANT CON  S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Modh, Day, Yea  19	ART  Outline  20b. DESi  White of wor	CONTRIBUTING TO DECRIBE HOW INJURY OCCURRED IN MOT WHILE	OSIS, EATH BUT I  OCCURRED  20e. PLA foot	O. (Enter nature of injury in ACE OF INJURY (Home, faritory, street, office bldg., et 17, 1958., to 0	Port I or Port I	II of item 18.) or town)	(Coun	UNKNOWN  UNKNOWN  UNKNOWN  19. WAS AUTOPS PERFORMED? YES [ ] NO [
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WEDICAL MEDICAL	Conditions, if on gove rise to in couse (o), stoting the lying couse lost.  PART II. OTH  200. ACCIDENT WANDER OF CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJURY Hour o. m. p. m.  21. I certify the MINDER OF CONTRIBUTING (IF EITHER, NOTIFY)  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  BURIAL CREMATION  BURIAL CREMATION	IMMEDIATE CAUSE (o DUE TO TO, which neediate the under- (c ER SIGNIFICANT CON S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER) (Modilin, Day, Ye  19  AOUIT SALDAI N, 22b. DATE THEREC OCt. 22	HEADITIONS (20b. DESI	ERT FAILURI ERTOSCLER( CONTRIBUTING TO DI CRIBE HOW INJURY OF CRIBE HOW INJURY OF NJURY OCCURRED NJURY OCCURRED NJURY OF WHILE OF WORK AND THE CONTRIBUTION LESS THE CONTRIBUTIO	20e. PLA foci	NOT RELATED TO THE TERM  O. (Enter noture of injury in  NCE OF INJURY (Home, for- tory, street, office bldg., et  17, 1958, to 0  accurred at 11:20  N.D. VAH, For- R CREMATORY  TONAL	Port I or Port I  n, 20f. (City of City of Cit	the causes and Mary Landon (City, town, or of MORE, MAR)  AR   24b, REGISTR	(County)	UNKNOWN  UNKNOWN  UNKNOWN  IP WAS AUTOPS PERFORMED? YES IN NO [  STORE STORE STORE  OF THE STORE  (Store)  UNKNOWN  UNKNOWN  (Store)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Arlington S Phillips, 1808-10 N. Monroe St., Baltimore 17, Md.

ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or attending physicion.

TO FUNERAL DIR FOR: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shouts the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/S5

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haurs after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

11088

	11100 CERTIFICA	IE OF DEATH	Reg. Dist. No.
1.	b. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If instit o. STATE b. COUN	
M	Baltimore MARYLAND	Md.	Baltimore
1992	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest town)
	Rural Pikesville	XRural Pikesville	8. Md.
00	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE
	OK INSTITUTION	220 Church Lane	ON A FARM
3.	NAME OF First Middle	Lost 4. DATE M	lonth Day Year
W 30 1	(Type or print) William Ernest	Snyder DEATH Octo	
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In year lost birthday	IF UNDER I YEAR IF UNDER 24 H
		lug 25.1904   54 m	
100	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUN
	Builder	Maryland	U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.00.110
	Daniel W. Snuder	Clara Ev	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF		ddresPikesville 8
IA	no, or unknown) (If yes, give war or dates of service)		
=	No None Mrs	Mary K. Snyder, 220	Church Lane
	18. CAUSE OF DEATH [Enter only one couse per lipe for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:	01.0.0.0.00	INTERVAL BETWEEN
	IMMEDIATE CAUSE (o)	a of paulitus	
	15 /X DUE TO	1/	
	Canditions, if ony, which ) (b)	0 ()	
	gave rise to immediate couse (a), stating the under-		
	lying cause lost. (c)		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION O	GIVEN IN PART 1(a) 19. WAS AUTOP
CATION			PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of item 18.)	1 10 10 10
CERTIFI	206. ACCIDENT WAS UNDERLYING AND 206. DESCRIBE HOW INJURY OCCURRED. OF ETHER HOW INJURY OCCURRED.		
3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, form, 20f. (City or town)	(5
MEDIC	Hour o. m. While Not while factor	ry, street, office bldg., etc.)	(County) (Sto
×	p. m. 19 of work of work		P
	21. I certify that I attended the deceased fram.	19 10 Of 1, 19	I that I last saw the deced
	alive an Land that death a		and on the date stated ab
	100 11 1/2///	ADDRESS (Streel, city or tow	
1	SIGNATURE TO VECE OF THE MUCHEN M.	o. 7013 Liberti 4	oace
		11 111	
	PHYSICIAN'S NAME (Type)	Ballimone )	nk.
226	BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR C	CREMATORY 20 LOCATION (City, Iown	Or county) (C1-1-1
. 7	REMOVAL (Specify) Burial 10-8-58 mf. Oliv	e Talle	(Slote)
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	20 Property of the property of	GISTRAR'S SIGNATURE
) .	The St Man 1/1/1/2 1/2		Albun S. Kraus
4	rayon It flewell I Miswell	CLINA DATES	2. / // //

TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 15M 10/57



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		gov.rode			
				The Cartes	
0 5 2					
			1		
	S. Francisco				

VS A15 (4) 15M 10/57

	U		,
,	ter this certificate has been signed by the attending physician and completely filled in by the	I for use as the buriol-transit permit. Then please remove carban papers. Pages I and 2 should be filled with	
	in by the	ond 2 shou	
	stely filled	Poges 1	
	and comple	an papers.	deoth.
	physician o	emove corb	1, cremation, or removal, and in any event within 72 haurs after death.
	attending	n please re	within 72
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2	cote has	e burio	or remov
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2	ter th	J for	l, cre

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11101 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH** 

11089 Reg. Dist. No.

1.	o. COUNTY	altimore	ate.	trainti	MARYL	AND	2. USUAL RES	Maryl		b. COUNTY		ce before		ion)
	b. CITY OR TOWN (IF	outside carporate lim	its, write	c. LENGTH	OF STAY I	N 1b	c. CITY OR	TOWN (If o	utside carpo	rote limits, write I	RURAL ond	give neo	rest town	1)
10	RURAL ond give ne		٦	3 r	nonths		Aberde		· m		10	31	0	,
1	d. NAME OF HOSPITA	AL (If not in hospital,	give street	1			d. STREET	-	3		100	1	e. IS RES	IDENCE
R	or institution osewood S	tate Train	ing S	School			Apt. D	1-4 G	rant .	Avenue			ON A	FARM?
3.	NAME OF	Fi	rsl		Middle		lo		4. DATE	Mai	oth	Do		Yeor
	(Type or print)	Chr	istir	ne I	lnn		Soud	ers	OF DEATH	10		7		19 58
5.	SEX	6. COLOR OR RACE	7. MAR	RIED T NEVI	ER MARRIED	D M	DATE OF BIRT	Н		9. AGE (In years	IF UNDER	1 YEAR		
	Female	White	WIDOW		DIVORCED		9/26/5	7		last birthdoy)	Months	Doys	Hours	Min.
10	a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BU	ISINESS OR	INDUS	RY 11. BIRTHP	LACE (Stote of	or foreign co	ountry)	12. CIT	IZEN O	F WHAT	COUNTRY
	ma most of work	ing life, even if retired	)		-		Mar	vland				U.S.	Α.	
13	FATHER'S NAME						14. MOTHER'S		IAME			-		
1	Marion Ir	a Souders					Jane	t. Ther	esa W	asserman				
	. WAS DECEASED EVER		CES? 16.	SOCIAL SECI	URITY NO.	17. IN	FORMANT	O THE		Ado	ress			
1/2	es, no. or unknown) [	If yes, give wor or dates of s	ervice)				Rosewood	d Rocco	nde					
-		TH [Enter only one co	13	fo- /-1 /h-1	1 (-) 1	1	COSENCO	u neco	ırus			1		
		TH WAS CAUSED BY:				,						ONS	ET AND	DEATH
	MENI	IMMEDIATE CAUSE (c		pirate	d 100	a						1	5 mi	nutes
	123.1	DUE TO				-								
	Conditions, if on gave rise to in		AY	iennyar	oceph	ату	with me	ningon	nyeloc	ele		b	irth	
	couse (a), stoting t													
1	lying couse lost.	) (c					Syndrome							
9	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTIN	IG TO DEAT	TH BUT I	NOT RELATED TO	THE TERMIN	NAL DISEASI	CONDITION GIV	EN IN PAR	[ 1(o) 15	PERFO	PMED?
.   5														
L CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	206. DES	CRIBE HOW I	INJURY OC	CURRED	(Enter noture o	of injury in Pi	ort I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Ye	While of war	NJURY OCCU Not wh	ile	l0e. PLA foct	CE OF INJURY ( ory, street, office	Home, form, e bldg., etc.)	20f. (City	or town)	(0	County)		(Stote)
	21. I certify the	at I attended the	deceas	ed from	5/9/58	3	, 19	, to 10	1/58	10	that I I	ast so	w the	docages
	21. I certify that I attended the deceased from 6/9/58, 19, to 10/1/58, 19, that I last saw the deceased alive on 10/1/58, 19, and that deoth occurred of 9:302 M, from the causes ond on the date stoted above.													
	ADDRESS (Street, city or fam, stote)  DATE SIGNED													
	SIGNATURE Starry B. Butter MD ( wongs Mals med 10/2/58													
	M.D. William M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D													
L	PHYSICIAN'S Ha	rry %. But	ler,	M.D.			Rosewo	od Sta	te Tr	aining S	chool			
22	BURIAL, CREMATION	N. 22b. DATE THEREC	F	22c. NAME	OF CEMET	ERY OR	CREMATORY		22d. LOCAT	ION (City, Jown,	or county)	,	(Stote	)
K	REMOVAL (Specify)	10/2/5	F	1-1	01110	no	· Cem	7.	Frem	mt	Alh	0		
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRE	59/1		Mil	240. REC'D	BY REGIST		STRAR'S SIG			-
10	with look Ing 1857 / times mu!							DATE ON	7 3 5					

ST 390 HT LAS HE TENNE TO TATIOTISATED IT ATT COME YEAR  MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

YES NO

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

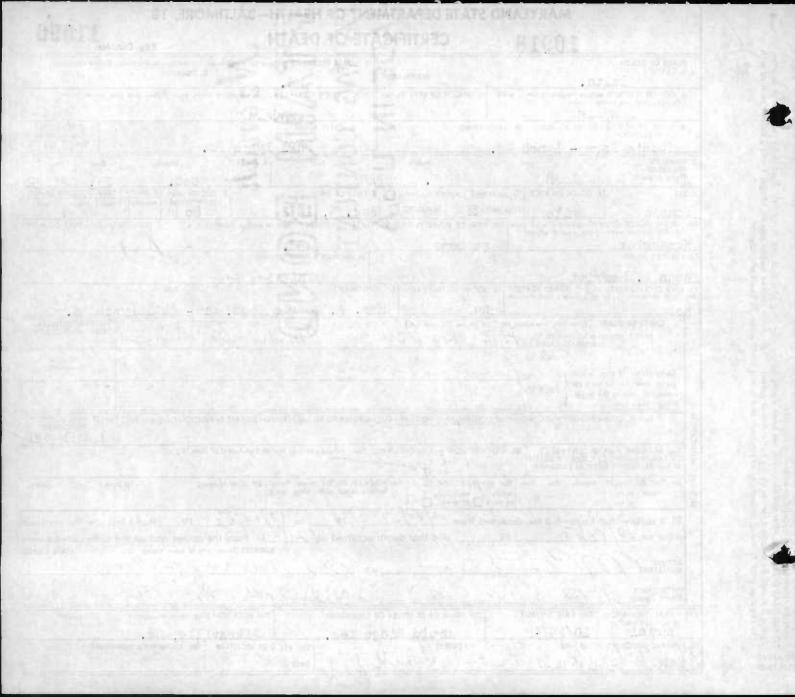
YES NO 1

(State)

DATE SIGNED

(State)

Days



runeral director, ruld be filed with

N

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or attending physician.

• FUNERAL DIR 1998: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sthe registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

may be retained TO FUNERAL DIR

VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10919

**CERTIFICATE OF DEATH** 

11091

Rea. Dist. No

		110.			
1. PLACE OF DEATH o. COUNTY I timore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY Balt:	before admission)			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)  Lundalk  Lundalk  Lundalk	c. CITY OR TOWN (If outside corporate limits, write RURAL and give 53 Dundalk (22)	e riearest town)			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2/52 Moorgate Road	d. STREET ADDRESS / 2752 Moorgate Road	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF First Middle (Type or print) WILLIAM EDWIN	STANSBURY 4. DATE Month October (	Doy Year 8th, 1958			
5. SEX male   6. COLOR OR RACE   7. MARRIED		YEAR IF UNDER 24 HRS. oys Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Finisher  10b. KIND OF BUSINESS OR INDUS  Silver Plate	STRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZE  Maryland  US	EN OF WHAT COUNTRY			
William J. Stansbury	Mary Griffith				
(Yes no or unknown) . (If we give were or deter of semine)	therine B. Stansbury Same a:	s #2			
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY			
PERFORMED? YES NO  OR CONTRIBUTING CAUSE OF DEATH U(IF EITHER, NOTIFY MEDICAL EXAMINER)  PERFORMED? YES NO  OR CONTRIBUTING CAUSE OF DEATH U(IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Day, Year Hour o. 11.  19   While of work   20e. PLACE OF INJURY (Hame, form, Port, Street, office bldg., etc.)   20f. (City or town) (County) (Stote)    21. I certify that attended the deceased from 27, 1950, to 27, 1950, that I last saw the deceased alive an 2, 1950, and that death occurred at 3, from the causes and an the date stated abave.  ADDRESS (Street, city or town, stote) DATE SIGNED SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGNED					
PHYSICIAN'S S. J. Hankin, M. D.	Baltimore 22, Maryland				
22c. NAME OF CEMETERY OF DUTIES 10/11/58 New Cathed		(State) Land			
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Nattle Proofs Smalled Co. Dunded  Dunded	24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN				

	11102	CERTIFICA	ATE OF DEATH	1	Reg	Dist. No.	
1. PLACE OF DEATH O. COUNTY Balt:	imore	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Mary)	b. (	f institution: Re COUNTY	sidence befor	e odmission)
b. CITY OR TOWN (If out RURAL ond give negrest Catonsvill	town)	c. LENGTH OF STAY IN 16  LyrlOmths29dy	c. CITY OR TOWN (IF o		write RURAL		rest town)
d. NAME OF HOSPITAL (III OR INSTITUTION SPRING GRO)		oddress)	d. STREET ADDRESS Westchest	er Avenue			ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Sophia	Middle F. Sta	ubitz	4. DATE OF DEATH	Month Octobe	or 7	Yeor 1958
female 6.0	COLOR OR RACE 7. MA	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH August 7, 1	9. AGE ( lost bi 76	In years IF Ut rthdoy) Mon yrs.	The second secon	Hours Min.
10o. USUAL OCCUPATION (C during most of working I houseclesi	life, even if retired)	D. KIND OF BUSINESS OR INDU	Marylan	d	12	J. S	E WHAT COUNTR
13. FATHER'S NAME Casper Gr:	ime		14. MOTHER'S MAIDEN N  M. Douis				
15. WAS DECEASED EVER IN (Yes, no. or unknown) (If yes unknown)	U. S. ARMED FORCES? 1		Mrs. A ecords: SPRI	nna Kaiser NG GROVE	ETTA: STATE	ott Ci HOSPI	Lty, Md.
Conditions, if any, gove rise to imme couse (o), stoting the ylying couse lost.	DUE TO  which (b)  diote ouder (c)	rteriosclerotic Generalized art	erios <b>clerosis</b>	, severe		ONS	RVAL BETWEEN ET AND DEATH
PART II. OTHER S  200. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED)		CONTRIBUTING TO DEATH BUT				1 PART 1(0)	PERFORMED? YES 10 NO
	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of iter	n 18.)		
20c. TIME OF INJURY A Hour o. m. p. m.	Whi	for	ACE OF INJURY (Home, form ctory, street, office bldg., etc.			(County)	(Stote)
21. I certify that alive on Octol	ottended the december 7 , 19	osed from November 58 , and that death	8 , 19 56 , to 0 n occurred at 11:50 M.D. SPRING	ADDRESS (Street, city	auses and o or town, stote)	an the dat	te stated abay
PHYSICIAN'S S.	tella Wachsl	er, M. D.	Catonsv	rille 28, N	laryland	d	

TO FUNERAL DIRECTOR page 3 shauld be deta VS A15 (4) 15M 9/55

death. Page 4

requires that the death certificate be executed within 24 havrs after

attending physician. erificate has been signed by the attending physician and campletely filled in by arithmetic has been signed by the attending physician and cample filled in by a the head of the please remare carbon papers. Pages 1 and 2

REMOVAL (Specify) REMOVAL (Specify) 10-10-58 Moreland Mem. Park

3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Easton Sons, 608 Fredk. Ave., Catonsville, Md. 23. FUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
DATE OCT 1 4 '58 Cuthun S. Knaus.

10 to 10 to the said of the contract and the Substitution for a new Section of the Contract of the Contract

5M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11103MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		-11	-	43	V
00	Dist	No.			

o. COUNTY	Baltimore		MARYLAI	O. STATE	Maryland		COUNTY		
b. CITY OR TOWN and give necrest to Edgeme	(If outside carporate limits, writers)	e RURAL	c. LENGTH OF STAY IN		OR TOWN (IF Build	e carporate lim		altimo and give nec	
		If not in ho	spitat, give street address)		dgemere T ADDRESS				e. IS RESIDENCE
	camore Ave.			1 25	33 Sycamo	re Aver	1110		ON A FARM?
3. NAME OF DECEASED (Type or print)	Florence		Middle		ast 4. DA	TE	Manth October	Day	Year 1958
5. SEX			ED NEVER MARRIED			9. AGE			F UNDER 24 HRS.
F	Négro	WIDOWE	Part to come to the same of th		1.1897	lost birt	hdayl Month	-	Hours Min.
10a. USUAL OCCUPAT during most of work Housew	king life, even if relired)	done 10b.	KIND OF BUSINESS OR INC					CITIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME		5		14. MOTHER	'S MAIDEN NAME				
Georg	e W. Dawson				Martha Lo	ng			
15. WAS DECEASED E	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 1	7. INFORMANT		Q	Address		
(10, 10, 01 01111011)	(ii yes, give wat or cales as	attrice)		Marion	Stern		2533 Sv	camore	Ave.
Canditians, If gave rise to imm (o), stoting the couse lost.  PART II. O  20a. EXTERNAL C. PRIMARY Or CC. CAUSE OF DEATH	underlying DUE TO		DNTRIBUTING TO DEATH BI	JT NOT RELATED	TO THE TERMINALDI	SEASE CONDIT	TION GIVEN IN I		WAS AUTOPSY PERFORMED?
			E HOW INJURY OCCURRED			ort II of item 1	B.)		
20c, TIME OF INJ Hour o. m p. m	li .	While		PLACE OF INJURY factory, street, off	(Home, farm, 20f. ice bldg., etc.)	(City or town)		(County)	(Slote)
21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find death resulted from: Natural causes Accident, Suicide, Hamicide, Undetermined cause						and find that			
220. BURIAL, CREMATI REMOVAL (Specif	10-3-3	Fg	22c. NAME OF CEMETERY		22d. L	OCATION (City	, town, or count	וע	(State)
23. FUNERAL DIRECTO	OR'S SIGNATURE	lur	ADDRESS	allo.	240. REC'D BY RED DATE 10/3/	GISTRAR 2	REGISTRAR'S	SIGNATURE	Graus

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		45 July 2017 (1977)		
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				LE TO

Reg. Dist. 11095 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. fost birthday) Months Days 12. CITIZEN OF WHAT COUNTRY? neider Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19. WAS AUTOPSY PERFORMED? YES NO DE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 1B.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) 19 1, that I last saw the deceased M. fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or county) (State) Md . Raltimore 24b. REGISTRAR'S SIGNATURE Christing & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH-BALENLEDKE

" CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the continuous page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled in the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.					

	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
11106	CERTIFICATE OF DEATH	Re

	1	1	1	1)	41
Reg.	Di	1	No.	U	U

1. PLACE OF DEATH  o. COUNTY  Balto.  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY  Balto
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catonsville	c. CITY OR TOWN (If aulside corporate limits, write RURAL and give nearest town)  5.2 Catonsville
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Shady Nook Nursing Home	d. STREET ADDRESS (MASEFIELD ROAD)  5416 Massfield Rd.  e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (EDITH) First Middle (Type or print) EDITH GIST	SULLIVAN  4. DATE Month Doy Year OF DEATH  Oct. 31, 1958
5. SEX Female  6. COLOR OR RACE White WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH  July 3, 1883  9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  -Housewife at home	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William A. Oliver	Rachel Gist
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
	s. Jeanne S. Hite - 5416 Masefield Road
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40. M. While Not while of wark of work 19	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased from any	1957, ta Oct 1951, that I last saw the deceased
ACTUAL CLICO MILIER	occurred atM, fram the couses and on the dote stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Cremation 11/3/58 Loudon Park 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	CREMATORY 22d. LOCATION (City. town, or county) (Stote)  Crematory Balto Md.  7400 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
WM. J. Licknet Hour - Calli	) 17MM DATE

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VS A1S (4) 15M 9/SS I

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MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	1
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11107

#### CERTIFICATE OF DEATH

Reg. Dist. No. 11097

1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Md.  Baltimore
b. CITY OR TOWN (If autside corporate limits, we RURAL and give nearest town)  Tailer Village	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X  Trailer Village
d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION		d. STREET ADDRESS  11 Iris Lane, Balto.20, Md. ves \( \) No \( \)
3. NAME OF First DECEASED (Type or print) HOWARD	Middle KINSEY	SUMMERS 4. DATE Month Day Yeor OF DEATH Oct. 19 19 58
	MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 1878 9. AGE (In years of bythday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)  Conductor  13. FATHER'S NAME  Joseph B. S	Penna. R. R.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  I'ves, no, or unknown)  I'll yes, give wor or doles of service)		Address azel Bricker, dght, 13 Honeysuckle Lane
PART I. DEATH (Enter only one couse property of the course (c).  Conditions, if any, which gove rise to immediate cause (o), stating the underly lying couse lost.  (c).	Caronory De	anterios clustro Houst Discuse
PART II. OTHER SIGNIFICANT CONDITION  20g. ACCIDENT WAS UNDERLYING 17 206.		IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO   RED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 2 Hour o. m.	od. INJURY OCCURRED 20e. PI /hile Nat while work at work	PLACE OF INJURY IHome, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
21. I certify that I attended the decalive an Oct (8),  ACTUAL SIGNATURE MAGNICIPAL SIGNATURE		th accurred at 1 3 AM, from the causes and an the date stated above  ADDRESS (Street, city or lown, state)  DATE SIGNER  M.D. 7840 Fasture Curr
PHYSICIAN'S MANUEL	P. DE LEON	
220. BURIAL, CREMATION, 22b. DATE THEREOF 10/21/58	Union Mem.	OR CREMATORY Uhrichsville, Ohio (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Charles E. Schimunek 3331 Brehms Lane	Funeral Home	DATE OCT 2 2 '58 24b. REGISTRAR'S SIGNATURE CITTLE AT STATEMENT ST

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11108

**CERTIFICATE OF DEATH** 

11098

Reg. Dist. No

1. PLACE OF DEATH a. COUNTY	Baltimore		MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore						ion)	
b. CITY OR TOWN ( RURAL and give n Towson	If outside carporote limearest tawn)	its, write	c. LENGTH OF STAY	Y IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)  55 Towson							)
d. NAME OF HOSPI' OR INSTITUTION	AL (If not in hospital, § 502 Allegh	100				T ADDRESS	egheny	Avenue		е		DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	CATHER		GROOM SW			Last	4. DATE OF DEATH	Mo	oth	195	0	rear
s. sex Female	6. COLOR OR RACE White	7. MARR	NEVER MARR		August	1RTH 21,18	72	9. AGE (In years lost birthday)	IF UNDER Manths		-	
during most of wor Housewife	ON (Give kind of work king life, even if retired	1 -	KIND OF BUSINESS O	OR INDUS		HPLACE (Stote	ar foreign c	ountry)	12. CII	USA	WHAT	COUNTR
13. FATHER'S NAME					14. MOTHE	R'S MAIDEN N	NAME					
Frederick (	Groom				100	Sarah .	Allen					
S. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17. II	FORMANT			Ade	dress			
No	None		Vone	Ĭ.	amily	record	S					
Canditians, if a gave rise to i cause (a), stoting lying couse last.  PART II. OTH	mmediate (	}	ONTRIBUTING TO DE	ATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASI	E CONDITION GI	VEN IN PAR	T 1(a) 19.	WAS A	UTOPSY
PART II. OTH											PERFOI YES [	NO D
O (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY C	OCCURRED	. (Enter natur	e of injury in P	Port I ar Part	111 of item 18.)			- Vari	
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yeo	While	Not while at wark	20e. PLA	CE OF INJUR lary, street, af	Y IHame, farm, fice bldg., etc.	, 20f. (City	or town)	(0	County)		(State)
actual signature Physician's NAME (Type)		., 195 e ( CF	2 , and the	AETERY OR	CREMATORY	os-	SOLL LOIS	the causes of the cause of	and on the			d abav
REMOVAL (Specify) Burial		1958	Prospec	t Hi]	1 Ceme	tery	Tow	son, Mar	yle nd			
3. FUNERAL DIRECTOR'S	SSIGNATURE		ADDRESS			24a PECIF	BY REGIST	7	STRAR'S SIC			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIRE FOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shather registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO FUNERAL DIRE VS A15 (4) 15M 10/57

	ALL HEALTHOUTE	W	<b>,</b>
resolution communication	ALC: NO.		and the second
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Total , miles			
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	Keg. Dist. No.
1. PLACE OF DEATH  G. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE
Baltimore County MARYLAND	MARYLAND 6. COUNTY PRINCE GEORGE
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Mt. Wilson, Maryland	BRENTWOOD 16342
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Mt. Wilson State Hospital	3408 Taylor Street YES NO
3. NAME OF DECEASED (Type or print) GORDON E	TAYLOR 4. DATE Month Day Year OF DEATH OCTOBER 16 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   I	B. DATE OF BIRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind af work dane 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	
POST OFFICE CLERK MAIL CARRIE	1497
JAMES E TAYLOR	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
(Yes no or unknown) (If yes, give wor or dotes of service) Unknown H	ospital Records, Mt. Wilson State Hospital
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonury	Julinealosic ONSET AND DEATH
OOOX DUE TO	1 July
Conditions, if any, which ) the Nephritis 6	Managio
gave rise to immediate Que To	100,000
lying couse last. (c) arlerios alc	rosis
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
3 Tuberculosis of adrenal	PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	O. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State)
ZOc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 40 Fact While Not while at wark at wark 19 at wark 1	tory, street, affice bldg., etc.)
21. I certify that Lattended the deceased fram. 8/7	
alive an 10/16 , 19 J 8 , and that death	(1.36)
dive direction of the state of	ADDRESS (Street, city or lown, state)  DATE SIGNE
SIGNATURE William Mentimus	Mt. Wilson, Maryland
PHYSICIAN'S William Newcomer, M.D.	Superintendent
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	R CREMATORY 22d. LOCATION (City., tawn, ar caunly) (State)
Busine 10-20-58 Colon Hill	11 x 1 1 m / 1
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
25 W. Ehambers to, Inc. 1st. 11	That DATE OCT 20'58 Cuther & House

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11110

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE o. COL	of DEATH	ore		MAR	YLAND	o. STATE	Land	ere deceosed	lived. If instituti b. COUNTY		e befor	e admissi	ion)
b. CITY	OR TOWN (If of AL and give near	outside corporate limi	its, write	c. LENGTH OF STAY	IN 1b			utside corpor	ote limits, write R	RURAL and g	lve nea	rest town	1)
	Fort I			20 Day	5	Balt	imore		3 VO.	1-4			
d. NA/ OR	ME OF HOSPITAL	(If not in hospital,	give street	address)		d. STREET A						, IS RESI	IDENCE FARM?
	Vetera	ns Admini	stra	tion Hospi	tal	1131	N. Fr	remont	Avenue				NO 🔼
3. NAME DECEA		Fi	rst	Middle		Loss	1	4. DATE OF	Mon	nth	Do	, 1	Year
		VASHINGTON	1		- I	CHOMAS		DEATH	October		6	1	19 58
5. SEX		S. COLOR OR RACE	7. MARE	RIED NEVER MARR	ED 🔀 8.	DATE OF BIRTH	4		9. AGE (In years lost birthdoy)	Months	-	-	
Ma		Colored				October			64 yrs.	Months	Doys	Hours	Min.
durin	AL OCCUPATION o most of working DOTET	(Give kind of work g life, even if retired	14	KIND OF BUSINESS OF A Sugar Re.					arolina		S.		COUNTRY
13. FATHE						14. MOTHER'S	MAIDEN N	AME					
Wa	shingtor	Thomas			4.1	Hest	er Mil	ls					
15. WAS I	DECEASED EVER I	N U. S. ARMED FOR		212-09-58			,Vet.	ldm.No	spital,F		ard,	Mary	/land
Con gav cous lying	PART I. DEATH  If  additions, if any erise to immulate (a), stoting the g couse lost.	WAS CAUSED BY: MMEDIATE CAUSE (c  DOENS , which nediate : under- (c)	THRO	ne for (o), (b), ond (c)  OMBOPHLEBT  ATERAL PUL	TIS, I	EMBOL	ISM				ONS	PERFO	DEATH VN
OR CO	THER, NOTIFY M	CAUSE OF DEATH EDICAL EXAMINER)		CRIBE HOW INJURY O								10 10	
	ME OF INJURY Hour a. m. p. m.	Month, Doy, Ye	While	NJURY OCCURRED  Not while  at work	20e. PLACE foctor	OF INJURY (F y, street, office	Home, farm, bldg., etc.)	20f. (City	or town)	(C	ounty)		(Stote)
ACTU SIGN.	COCXXXX		CO COSC	ed from Sept	deoth o	ccurred ot.	11:40	OM, from		ond on th		e stote	
REMO	AL, CREMATION, DVAL (Specify) rial	22b. DATE THEREC	5-8	22c. NAME OF CEM Baltimore	14.7		-		imore, M		nd	(Stote	:)
	AL DIRECTOR'S	IGNATURE		1808-10 N.			24o. REC'D			STRAR'S SIG			

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September 1900 to 100 page 150		Management of the Company of the Com

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

11102

Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Caton Ridge Nursing Home ON A FARM? 4200 Fairview Avenue YES NO 3. NAME OF 4. DATE Middle Yeor DECEASED BESSIE SUSAN (Type or print) THOMPSON DEATH October 10 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XX8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Female White WIDOWED [ DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Standard Restaurant Retired Cashier Newburg, New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew R. Thompson Elizabeth J. Matthews 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address #16 No Mrs. J. Gordon Spicer, Sr.-4200 Fairview Avenue Yes 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO Myo- Endo carditis Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) DICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while at work of work 10 1958, that I last saw the deceased 21. I certify that I attended the deceased fram.\_\_ , 19.5 /, to OC , and that death accurred at 2130 P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BULLIAL (Specify) Westminster Cemetery Westminster. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MACONIAL . SERVICE But the later of the later of the property of the state of Debut were stated district combined Section of the contract of the

VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11103

	1111	12	CERTIF	ICA	TE OF DEA	TH			Rog. Dist.	No.	
1. PLACE OF DEATH a. COUNTY Baltimore			MARYL	AND	2. USUAL RESIDENCE o. STATE Maryland		sed lived.	If institution COUNTY Baltimo	: Residence	pefore adr	nission)
b. CITY OR TOWN (II RURAL ond give ne Catonsvi		its, write	c. LENGTH OF STAY IF	Ч 1Ь	c. CITY OR TOWN	(If outside con				nearest fo	own)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospitot, g 9 Jones #		oddress)		d. STREET ADDRES	S				10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fii DAV		Middle A		Lost	4. DATE OF DEAT		Month		Day 29.	Year 19 58
SEX Male	6. COLOR OR RACE	7. MARR	IED MEVER MARRIED		B. DATE OF BIRTH	889	9. AG	E (In yeors II		EAR IF UI	NDER 24 HRS
Oa. USUAL OCCUPATION during most of work	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS		tote or foreign	country)		1 25	N OF WH	IAT COUNTR
3. FATHER'S NAME	ohn Thorn				Martha	EN NAME				70 950	
5. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.		FORMANT B. Eliza Th	orn	9 3	Addres A		aton	sville
Conditions, if ar gove rise to it couse (o), stoting the lying couse lost.  Part II. OTH	the <u>under-</u>	Hyp	tral Insu	Ar	terio-scl			art D		e ?	AS AUTOPSY
PART II. OTH	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter noture of injury	in Port I or P	ort II of i	tem 18.)			RFORMED?
20c. TIME OF INJURY Hour a. n. p. m.	Month, Day, Ye	While	NJURY OCCURRED 2 Not while of work	0e. PLA foci	CE OF INJURY (Home, lory, street, office bldg.,	form, 20f. (C	ity or tow	rn)	(Cour	nty)	(Stote)
actual signature	29th	alo	ed from June 8 ,, and that of	leath	occurred at 3	O PM, fr	om the (Street, ci	causes and	d on the	date st	ne decease ated abov DATE SIGNI
NAME (Type)  22g. BURIAL, CREMATION REMOYAL (Specify)	C. F. Malor N. 22b. DATE THEREC 11/2/58	F	M. TV.  22c. NAME OF CEMEN Browns C			22d. LOC	ATION (C	ity, town, or	county)	(\$	tote)
3. FUNERAL DIRECTOR'S		11	ADDRESS Rockville,	_		EC'D BY REG		24b. REGISTR	AR'S SIGNA	TURE	

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

the haspital or attending physician.

R: After this certificate has been signed by the attending physician and campletely filled in by the refacted for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shar a burial, crematian, ar remaval, and in any event within 72 hauf offer death.

TO HOSPITAL OR AT may be retained to TO FUNERAL DIRECT page 3 shauld be of the registrar prior to

VS A15 (4) 15M 10/57

11104

Reg. Dist. No.

	PLACE OF DEATH D. COUNTY	Balto.		MARY	LAND	2. USUAL RESI	DENCE (Who	ere deceased li	ved. If institution b. COUNTY		e befare adm	nission)
	CITY OR TOWN (If	autside corporate limi arest town)	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If or	utside corporat	e limits, write RI	URAL ond g	ive nearest to	wn)
	Habbyilla	. Balto. 7		Life		X Heb	hville					
	OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET A					e. IS R	ESIDENCE A FARM?
7406 Windsor Mill Road						7406	Winds	or Mil	1 Road			NO D
	NAME OF DECEASED (Type or print)	Fir		Middle	m:	lo	st	4. DATE OF DEATH	Mon		Day	Year
5. 9			rcy	A.		anus			Octo		8th,	19 58
3	Mala	White		ENDER OF THE PROPERTY OF THE PARTY OF THE PA			19th.	-00-	AGE (In years lost birthday) 60 yrs.		Days Hou	
10a	USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS O						12. CITI	ZEN OF WH	AT COUNTRY?
	during mast at work	ing life, even if refired				13 30 377						
12	Stone Ma	son		Building				e, Bal	to. Co:	Md	U.S.	10
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	Hen	ry Timenus				-lair-le		Unkno	W23.			
		IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			Addr	ess F	Balto.	7. Md.
1.0	No	No.	· vice		Mar	s. Mill	for me	Maning	7406 W1	dsor	M111	Road
			use per lis	ne for (a), (b), and (c).		DE MIAL	1201 11	. III arriva	1-00 11	act to A	INTERVAL	RETWEEN
		H WAS CAUSED BY:	/	10 uns		RONA	DU	An'a	LUSI	/-	ONSET AN	
		IMMEDIATE CAUSE (o		2076	<u></u>	KONA	10/	UCC	LUSI	0 ~	-	m
	420.1	DUE TO		1				1	1100 01		10	/ .
	Conditions, if on		-	RTERIO	J.G.	LEROS	115 -	- G-E	NCRAL	(ZE)	10	yss.
	gave rise to in cause (a), stating t	DITETO										
	lying couse lost.	) (c									13.00	
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE C	ONDITION GIV	EN IN PART	1(o) 19. WA	S AUTOPSY
ATIC												FORMED?
IFIC	200 ACCIDENT WAS	S LINDERLYING T	20h DES	CRIBE HOW INJURY OF	CHIPPED	/Fater pature o	finium in D	ort Lor Port II	of item 18 )		163	
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)		embe 11017 Indokt Ot	CONNED	. trues notore c	, injury in r	01. 70. 7011 11	or nem ro.,			
MEDICAL	20c. TIME OF INJURY	Month, Day, Yea	r 20d. It	NJURY OCCURRED		CE OF INJURY			town)	(C	ounty)	(Stote)
EDI	Haur a.m.	19	While	Not while	foct	lory, street, office	e bldg., etc.)	)				
2	p. m.				-		~ =	- 0				
	21. I certify the	at I attended the	decease	ed fromA	V	J_, 19_J_	5, to 00	T9-	19,58	_,that   le	ast saw th	e deceased
	olive on DC	7.7	, 195	ond that	deoth	occurred at	7.1	M, from I	he couses a	nd on th	e dote sto	ated abave.
			ny	1					t, city or town,			DATE SIGNED
	ACTUAL SIGNATURE	Drugen 1	1/	Vonnie		380	3 Edmo	ndson	Avenue			
	SIGNATURE		1/>			n.D	Z					
	PHYSICIAN'S NAME (Type) N	orman R. K	leime	n MaDa		700	7 13	1		D 24	. 303	
220	BURIAL, CREMATION				TEDY: D				Avenue,			
220	REMOVAL (Specify)	220. DATE THEREO		22c. NAME OF CEME			-171		N (City. town, o		(51	lote)
		10/ 11/	58	Mt. Olive	Cen	etery		Randa	llstown	, Md.		
23.	FUNERAL DIRECTOR'S	SIGNATURE	,	ADDRESS			24a. REC'D	BY REGISTRA		TRAR'S SIG		
1	shing L	wonal	872	8 Liberty	Road		DATE	1 3 58	Ont	my 8 9	Leaune	

Randallstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11114 CERTIFICATE OF DEATH

11105

	~~~		CERTIF		ATE OF DEAT	П		Reg. E	Dist. No		
. PLACE OF DEATH o. COUNTY Ba	ltimore		MARYLA	ND	2. USUAL RESIDENCE (W. o. STATE Marylan	/here deceased	b. COUNTY	on Reside	ence before	are admiss	ion)
b. CITY OR TOWN ( RURAL and give n	If autside corporate limits, earest town)	write c. L	ENGTH OF STAY IN	1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  **Baltimore**					)	
d. NAME OF HOSPI OR INSTITUTION 6412 PI	TAL (If not in hospital, give nehurst Roa	street oddre	ess)		d. STREET ADDRESS		Road.,				IDENCE FARM? NO X
NAME OF DECEASED (Type or print)	First Joe		Middle Irvine		tost Tomlin	4. DATE OF DEATH	Mon	ot.	7		Year 19 58
Male Male		DOWED [	DIVORCED [	5	8. DATE OF BIRTH 9/10/95		9. AGE (In years lost birthdoy) 63 yrs.	Months .	ER I YEAR	Haurs	
Furniture	ON (Give kind of work don king life, even if retired) Salesman		of Business or i	INDUS	North	Caroli		12. C		S.A.	COUNTR
Charles	S. Tomlin				Jennie		n				
	ER IN U. S. ARMED FORCES (If yes, give war ar dates of service	•)	AL SECURITY NO.	17. 1	Mrs Mary To	omlin	6412		hur	st R	oad.
Canditions, if a gave rise to i cause (a), stating lying cause last.	mmediate the under C(c)	Car	J	1+h	ero sclero:					nkno	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SEATH BUT NOT REL						Part I ar Part	11 of item 18.)		(County)	PERFO YES	AUTOPSY RMED? NO []
Haur a. m. p. m.  19 While at work at work at work at work.  21. I certify that I attended the deceased from. Mar., 1958, ta 60cf., 1958, that I last saw the deceased											
actual SIGNATURE	Robert :			eath	occurred at 12:30	AM, fran	the causes of reet, city or town,	ind on	the da	te state	deceased abay
PHYSICIAN'S NAME (Type)	Robert E	MA	SON SOME	RY OF	CREMATORY	22d 10CA	10N (City, town,	or country		/61	al
REMOVAL (Specify)	10/7/58	1 -	akwood		CREMATORI		tesville			(Stote	r)
FUNERAL DIRECTOR	'S SIGNATURE	7 C+	ADDRESS Davil C+			OCT 8		STRAR'S S			

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VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

CERTIFICATE OF DEATH

12265

Reg. Dist. No. 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Baltimore County. MARYLAND MARYLAND BALTIMORE CITY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 16 years 9 mos Towson, Md. BALTI MORE IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS 4915 GREENSPRING Sheppard and Enoch Pratt Hospital YES NO I 4. DATE NAME OF Middle Manth Day Year DECEASED OF 31 (Type or print) ANGELE OCT. 1953 TROCME 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Days Hours Min. W OCT. 26 WIDOWED | DIVORCED | 103 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. LADY'S MAID 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME UNKNOWN UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address HOSPITAL RECORDS UNKNOWN UNKNOWN INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) CARCINOMATOSIS DUE TO Conditions, if any, which CARCINOMA OF RIGHT BREAST gave rise to immediate DUE TO coese (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO SENILITY CERTIFI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) While Hour o. m. Not while ot work of work 21. I certify that I attended the deceased from JANUARY 25, 1942, to OCTOBER 31, 1955, that I last saw the deceased and that death occurred at 4:35 P. M. from the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL PHYSICIAN'S Harry M. Murdock. M. D. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL-(Specify) Cathedral Cem. Baltimore, Md. 11-5-58 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR DATE NOV 1 0 '58

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VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11116 CERTIFICATE OF DEATH

Reg. Dist. No.

11106

	neg, citi, ite.
1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR JOWN (If outside corporate limits, write RURAT and give neores) towns.	c. GITY OR TOWN (If outside corporate timits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION (O DESCRIPTION OF THE ODD OF THE ODD OF THE ODD ODD ODD ODD ODD ODD ODD ODD ODD OD	d. STREET ADDRESS On Closed of Farm? YES NO NO
3. NAME OF DECEASED (Type or print) POY SYLVESTEY	Tyo TT DEATH ONGSTEEN 6 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8 PATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)  Wells	TRY 11. BIRTHPLACE (Stote ar fareign country)  12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME WM. D. Stratt	Maria Phillips
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 8 (If yes, give wor or doles of service) 2/2-0/4399 M	no firms to Ext. Sykisville, and.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PROCINOMA	OF STOMACH INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the under.	R, PRE-PYLORIC - SYEARS
Iying cause lost.   (c)   Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \cap \) NO \( \cap \)
206. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH OF LIFE EITHER, NOTIFY MEDICAL EXAMINER;	D. (Enter noture of injury in Port I or Part II of item 18.)
	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (State)
1 The Contract of the contract	n occurred at 1 L.M. from the causes and on the date stated abave  ADDRESS (Street, city or town, stole)  DATE SIGNED  M.D. 3601 Cliffman Ca 10/7/58
PHYSICIAN'S THOS. F. WHEELER	BALTO 7 - MO
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O PEMOVAL (Specify 10-9-58 Rew Qai	REMATORY 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

ST STATE OF THE PROPERTY OF TH BILLIAN TO STANKINGO STANKING

ARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

CERTIFICATE OF DEATH Rog. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . countimore bagount Mary Is MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Rural- Park Hall Post Office 4 mos. d. NAME OF HOSPITAL (If not in hospital, give street oddress)
Schrifty Ctrove State Hospital d. STREET ADDRESS IS RESIDENCE ON A FARMS YES NO NAME OF 4. DATE First Middle Lost Month Yeor DECEASED (Type or print) DEATH William Pye Unkle October 19 58 9. AGE (In years 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS January 31, 1884 Male tell birthday) Months Days WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Unknown Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Willaim Unkle KEKKX Caroline (rest unknown) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Your choppen) Unknown Hospital records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** cause (o), stoting the underlying couse lost. PART II. OTHER SIGNATION CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c, TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year (County) (Stole) ă factory, street, office bldg., etc.) Hour o. m While Not while at work at work June October 22 19<sup>50</sup>, that I last saw the deceased 21. I certify that I attended the deceased from October alive on\_ and that death occurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S Catonsville 28, Mayland NAME (Type) -/ 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Trinty St. Mary's City. Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-SALTIMORE, TH 43 45" HATASIO PO ELLA DELLA CONTRACTORIO DELLA CONTRACTORIO DELLA CONTRACTORIO DELLA CONTRACTORIO DELLA CONTRACTORIO 1 4 1 CONTRACTOR OF THE PROPERTY OF Salary to a structural contraction

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11108 Pag Dist No

		11118	CERTIFICA	ATE OF D	EATH		Reg. Dist. No	77100
1.	PLACE OF DEATH a. COUNTY Balti	more	MARYLAND	2. USUAL RESID	ence (Where dece	ased lived. If institution b. COUNTY		ore admission)
	b. CITY OR TOWN (If outside of RURAL and give nearest town Owings Mills	)	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If outside co	rporate limits, write R		
	d. NAME OF HOSPITAL (If not		address)	d. STREET AL			2.3	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Rosi	na Sch	Middle Lapbach vor	Gunter	OF		th Da	ay Yeor
	Female Whi		RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH		9. AGE (In years last birthday) 9. yrs.		R IF UNDER 24 HRS. Hours Min.
_	Da. USUAL OCCUPATION (Give k during most of working life, ex Housewife	ind of work done 10b. en if retired)	KIND OF BUSINESS OR INDU		ACE (Stote or foreign	n country)	U.S	OF WHAT COUNTRY
13	Jacob Schle	pbach		14. MOTHER'S Made		Unknown)		
15	S. WAS DECEASED EVER IN U. S. Yex, no, or unknown) (If yes, give v	ARMED FORCES? 16.		r.Fred	onGunte	Adden, Owings		Md.
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO  (b)  DUE TO  (c)		escula		ident	/	SET AND DEATH Week
CERTIFICATION	PART II. OTHER SIGNIF	YING [] 20b. DES	CONTRIBUTING TO DEATH BUT				EN IN PART 1(a)	PERFORMED? YES NO
MEDICAL C			Not while fo	ACE OF INJURY fl- ctory, street, office	lome, form, 20f. (0 bldg., etc.)	City or town)	(County)	(State)
	21. I certify that I atte alive on Off 2	nded the decease, 195	ed from . January	71			nd on the do	the deceased the stated above DATE SIGNED LESS 195
22		ATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. 100	CATION (City, town, o	or county)	(Stote)
	REMOVAL (Specify) Burial Oct	.7,1958	Mt.Paran		Ran	dallstow	n Md	
		-	terstown . Md.		24a. REC'D BY REG	100	TRAR'S SIGNATU	RE

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VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11119 CERTIFICATE OF DEATH

Reg. Dist. No. 11110

											•	
1. PLACE OF DEATH  o. COUNTY  Roll+	imore			MARYLANI	a STATE	land	here decease	d lived. If instituti b. COUNTY		ence befo	ore odmiss	ion)
	f outside corporate limit	a write	LENGTH	OF STAY IN 11	-		tida aaaa	prote limits, write R	HIRAL and	I afue a a		, v
RURAL ond give no	carest town)	s, wille	C. CENGIN	OF STATE IN TH		imor		3 V	O I	give ne	diesi iowi	,
	AL (If not in hospital, gi				d. STREET	ADDRESS					e. IS RES	IDENCE FARM?
Forrest	Haven Nu	irsi	ng Ho	ome	3710	Bro	oklyn	Ave.			YES	NO 🔀
3, NAME OF DECEASED (Type or print)	Julia	st	M.	Middle	kins	ost	4. DATE OF DEATH	Mor		Do	•	Yeor
		7	-				1	0000	_			19 58
s. sex Female	6. COLOR OR RACE White	WIDOWE		DIVORCED			882	9. AGE (In years tost birthdoy) 76 yrs.	Months		Hours	Min,
100. USUAL OCCUPATIO		one 10b	KIND OF BL	ISINESS OR IN			or foreign o	country)	12. C	ITIZEN C	DE WHAT	COUNTRY?
Housewi	ing life, even if retired)		None	53111E35 GK 111		ylan	-	,,		U.		COOMINA
13. FATHER'S NAME					14. MOTHER	S MAIDEN N	NAME					
Edward	Wheeler				Mar	y Ca	theri	ne **				
15. WAS DECEASED EVE			SOCIAL SEC	URITY NO. 17	, INFORMANT			Add	ress			Ave.
No	(If yes, give war or dates of se	rvicej		1	Mrs. Mar	y Ca	theri	ne Lear	y 3'	710	Bro	oklyn
18. CAUSE OF DEA	TH [Enter only one con	use per lis	ne for (o), (b	o), ond (c).]						INT	ERVAL BE	TWEEN
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate (		A CONTRIBUTION	REMA	BUT NOT RELATED 1	O THE TERM	(NAL DISEAS	SE CONDITION GIV	VEN IN PA	RT I(o)	19. WAS /	AUTOPSY
PART II. OTH		-										RMED?
THER NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW	INJURY OCCU	RRED. (Enter noture	of injury in	Port I or Por	rt II of item 18.)				
20c, TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While of wor	NJURY OCCU	hile_	PLACE OF INJURY foctory, street, offi			y or town)		(County)		(Slote)
21. I certify th	at I attended the	deceas	ed fram	7/	195	Z, ta	10/2	2 1957	that I	last s	aw the	deceased
alive on	10/22	_, 19_	5.	and that dec	ath accurred a	71	M, frai	m the causes o	and an	the do	te state	ed above.
ACTUAL SIGNATURE	De	- K	1/1	(mu)	M.D. 5	Pav	0 4	street, city or town,	-	uc.	10	TE SIGNED
PHYSICIAN'S NAME (Type)	JOHN 10	1.	Pha	w MI	2 6	aci	. 2	8. m	10		/	1//
220. BURIAL, CREMATIC REMOVAL (Specify)					OR CREMATORY			TION (City, town,	or county)		(Stot	e)
Durial	IUCT. 25.	195			edral Co			imore,	Md.			
23 FUNERAL DIRECTOR	SSIGNATURE	400	ADDRI				D BY REGIS		strar's s			
ing you		300		tchie 1	HEMA	DAIL OF	21 -					
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					PERSONAL PROPERTY.
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VS A15 (4) 15M 9/S5 0

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ARYLAND ST	TATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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11120 CERTIFICATE OF DEATH

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11111

	TTTUU	CERTIFICA	IL OI DEATI		Reg. Dist. No.
1.	PLACE OF DEATH O. COUNTY Baltamore	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	nere deceased lived. If institu b. COUNT	prion: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	GTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write	RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION TOWS ON CONVA 18508	nt. md	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) Grale	Bay V	Vatters	4. DATE OF DEATH OC	onth Day Year
	F W WIDOWED TO	DIVORCED	DATE OF BIRTH	9. AGE (In year lost birthdoy) 875 83 yr	Months Days Hours Min.
		F BUSINESS OR INDUST	Jarrett.	sville mg	12. CITIZEN OF WHAT COUNTRY
	Thomas A Bay		Margar	et Call	477e5
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL If yes, give wor or dates of service	SECURITY NO. 17. IN	MANIE 771	Bay 415/	etraceway mo
	18. CAUSE OF DEATH [Enler only one couse per line for (o PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  A C	A Do	cetalial I	-nfarction	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate coese (a), stating the underlying cause last.  DUE TO  DUE TO  DUE TO  (b)  DUE TO	rioscherotic	Czadiovascu	lan Disease	yezus
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT N	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED.	. (Enter noture of injury in I	Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Mour o. m. 19 20d. INJURY C While Not work at at	OCCURRED 20e. PLAC focks	CE OF INJURY (Home, farm ory, street, office bldg., etc.	20f. (City or town)	(County) (State)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) J. Frank Supple.	, and that death o	accurred at / co P	M, fram the causes ADDRESS (Street, city or town	and an the date stated above DATE SIGNER
22	REMOVAL (Specify)	NAME OF CEMETERY OR	CREMATORY	Madouna fi	or county) (State) Harford MAI
23	Martin GKurta Jarre	odress tts Wille	Indi DATOCT	4 - 150	SISTRAR'S SIGNATURE Thur S. Kraus

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	19et 8-	

# be filed with death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shall be registrar priar to burial, crematian, or remayal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10920

#### **CERTIFICATE OF DEATH**

11112

						- ICI	ig. Dist. No.	
1. PLACE OF DEATH a. COUNTY	2903 Dur Baltimore	Leer Rd	2. USUAL R			ved. If institution: b. COUNTY		-
L CITY OR TOWN	(If outside corporate limits,				land		Baltim	
RURAL and give	nearest tawn)	write c. LENGTH OF STA	F1	undalk	utside carporot	e limits, write RURA	L and give rearest	lawn)
d NAME OF HOSE	Dundalk  ITAL (If not in hospital, give	e street address)		T ADDRESS				C 0551051165
OR INSTITUTION	1	c arrest dodiessy		03 Dunl	eer Rd			S RESIDENCE ON A FARM? ES NO
NAME OF DECEASED	First	Middl	•	Lost	4. DATE	Manth	Day	Yeor
(Type or print)	Rt. Rev. Jo	seph L	. Weiden	han	OF DEATH	Oct.	8.	1958
. SEX	6. COLOR OR RACE	MARRIED NEVER MARR	B. DATE OF B	IRTH	9.	AGE (In years IF)	UNDER 1 YEAR IF	
Male		WIDOWED DIVORC	N. M.	25. 188			onths Days H	aurs Min.
a. USUAL OCCUPAT	ION (Give kind of work do	ne 10b. KIND OF BUSINESS					12. CITIZEN OF W	HAT COUNTRY
Reman Ca	rking life, even if refired)							
. FATHER'S NAME	tholic Pries	Roman Cat		R'S MAIDEN N	more, I	/IU ·		
	August Weid	enhan	12					
WAS DECEASED BY	-	ES? 16. SOCIAL SECURITY N	D. 17. INFORMANT	Sophia	ELITI	A 4.4		
Yes, no. or unknown	(If yes, give wor or dates of serv			2		Address		
			Rev. Char.	Les F.	Muth 2	2903 Dunle	er Road	
18. CAUSE OF DE	ATH [Enter only one caus	se per line far (a), (b), and (c)	ا ا			A		AL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	- 0	1. 4 . / .	-H-	•	//	ONZEI	AND DEATH
A Committee of the Comm	IMMEDIATE CAUSE (a)_	CENTRAL VULC	mous w	un le	salma :	Dneum	norte	
260 X	DUE TO	Ud.		-01			دادات الاستا	
C C		The D.	t ma	001.1.	7.18.19			
Canditions, if		الاراران الما	15/1/2	Kull	0			
cause (a), stating			4 4 1	1 +	_			
lying cause last		O. moul	Taled 1	ool				
PART II. OT	THER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED	TO THE TERMIN	VAL DISEASE C	ONDITION GIVEN	IN PART 1(a) 19. V	VAS AUTOPSY
1103 Y							P	ERFORMED?
DO- ACCIDENT IN	/ac uniospiumio 🗔 📗	AL DECCRISE LIGHT IN THE	2001220			46 101	YE	S   NO
OR CONTRIBUTION	AS UNDERLYING A CAUSE OF DEATH Y MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY (	OCCURRED. (Enter natur	e of injury in Po	ort I or Part II	af item 1B.)		
20c. TIME OF INJU	IRY Month, Day, Year	20d. INJURY OCCURRED	20e. PLACE OF INJUR			town)	(County)	(State)
Haur o. ft.	10	While Not while	factory, street, of	fice bldg., etc.)			(200)	(0.0.0)
p. m.		at work at wark	100					
21. I certify t	hat I attended the c	deceased from	W. 12 , 19 2	3, to 1	0-8	19 55.11	nat I last saw	the decease
alive on	10-8	. 19 58 and tha	t death occurred	11/2/	M from t			
	/ -	3	. acam occorroa	4	DORESS (Stree	t, city or town, state	on the date :	DATE SIGNE
ACTUAL	4	nana	Mar		(a comp	- 01	S.	1.//6 22
SIGNATURE	ougene !	11000	M.D. 107	Moss	CARINILA	in H.K.	- halling	WKW FF
PHYSICIAN'S NAME (Type)	Esgene.	FNEVY	M.D.		•		7	1d.
20. BURIAL, CREMATIO	ON, 226. DATE THEREOF	22c. NAME OF CEA	METERY OR CREMATORY		22d. LOCATIO	N (City, tawn, or co	ounty)	(Stote)
REMOVAL (Specify Burial	70/73/58	New C	lathedral	ARE!		imore, Ma		
3. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		24a PEC'D	BY REGISTRAL		R'S SIGNATURE	
WW TIM	court for	1 Pas-n 1	Questo 1	A. REC D	DI REGISTRA	A-D. REGISTRA	M 3 3IOIMIONE	
X 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		12 1 1 2 1 1 1 1	FALLING A.	T I DATE				

YS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10921 CERTIFICATE OF DEATH 10921

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					KI	eg. Dist. N	0.	
1. PLACE OF DEATH a. COUNTY Ba	Ltimore	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Marylar		If institution: I b. COUNTY	Residence bef		
b. CITY OR TOWN ( RURAL ond give n Dunda	If outside corporate limits, write egrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Dundal)		nits, write RURA	L ond give n	earest town)	)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give stre L Dundalk Av		d. STREET ADDRESS	andalk A	ve. /			DENCE FARM? NO 121
3. NAME OF DECEASED (Type or print)	First ANDRE	WILSON	WELLS	4. DATE OF DEATH	Month Octob			reor 19 58
s. sex male	Trhitte	ARRIED NEVER MARNED DIVORCED	B. DATE OF BIRTH Nov. 22, 188			UNDER 1 YEA	-	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of work Roller	ON (Give kind of work done 10 king life, even if retired)	Steel	Pennsyl	ar foreign cauntry) Vania		12. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN N					
	ew Wells		Mary	??				
15. WAS DECEASED EVE (Yes, no. or unknown) Yes	R IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. 216-10-4761	Rose M.Well	S	Address Same	,	<sup>‡</sup> 2	
Conditions, if o gove rise to i cotse (o), stating lying couse lost.	mmediate DUE TO (c)						290	2
CATI		ESCRIBE HOW INJURY OCCURRE				IN PART 1(o)	PERFOR	RMED?
200. ACCIDENT WA	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURR	D. (chier nature or injury in	ron i or ron ii or i	1910 10.7			
20c. TIME OF INJUR Hour a. m. p. m.	Wh	f.	ACE OF INJURY (Home, farm actory, street, office bldg., etc	, 20f. (City or tow	rn)	(Caunty	1)	(State)
21. I certify the alive on	Jack C.Coll	2000, and that death	M.D. 2 Kins	M, from the ADDRESS (Street, ciship Roak & 22, Ma	causes and ity or town, state d	re)	ate state	
220. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (		ounty)	(Stote	)
23. FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR 6 '58	24b. REGISTRA		URE	

eral director,

may be retained by the haspital or attending physician.

• FUNERAL DIRE

• R.: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shather registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF BEATU

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-		all.	-	-

	11121	CEKTIFIC	CATE OF DEATI	î	Reg. D	Dist. No.	
PLACE OF DEATH o. COUNTY	altimore	MARYLAN	2. USUAL RESIDENCE (WO O. STATE Maryl			ence before odr	
b. CITY OR TOWN (If ou RURAL and give neare Catons		c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (IF		its, write RURAL and	give regrest to	own)
OR INSTITUTION	(If not in hospital, give street Haven Nursing	address)	d. STREET ADDRESS	yland Ave		10	RESIDENCE N A FARM?
NAME OF DECEASED (Type or print)	First Bessie	Middle	tost Wells	4. DATE OF DEATH	Month October	Doy	Yeer 19 58
Female 6.	COLOR OR RACE 7. MARR	IED NEVER MARRIED	11 0 0000 0	9. AGE   lost   80	(In years to UNDE birthday) Months	Doys Hou	NDER 24 HRS.
USUAL OCCUPATION ( during most of working  At hom	lite, even if retired)	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stole Ohio			ITIZEN OF WH	IAT COUNTRY
FATHER'S NAME Char	les J. Gehrin	g	14. MOTHER'S MAIDEN I				
WAS DECEASED EVER IN	U. S. ARMED FORCES? 16.		rs. E. A. Brun	sman West	Address chester Av	ve,Elli	.cott C
Conditions, if ony, gove rise to immo couse (o), stoting the lying couse lost.	ediote under- DUE TO (c)			nis-UPSC			
			BUT NOT RELATED TO THE TERM  RRED. (Enter nature of injury in			PER	AS AUTOPSY REORMED?
20g. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEI	CAUSE OF DEATH DICAL EXAMINER)	EKIDE HOW INJUKT OCCUI	CRED. (Enter nature of injury in	for i or ran ii or iii	m 16.)		
20c. TIME OF INJURY Hour o. jr. p. m.	While	NJURY OCCURRED 20e. Not while at work	PLACE OF INJURY (Home, farm factory, street, office bldg., etc	. 20f. (City or town	1)	(County)	(State)
21. I certify that alive on	attended the decease, 190				that I causes and on y or town, state)		
BURIAL, CREMATION, REMOVAL (Specify) Rurial	October 30.	22c. NAME OF CEMETERY	OR CREMATORY Greenmount		ity, town, or county)		Stote)
Buria?  B. FUNERAL DIRECTOR'S SI  H. Wears		DORESS alvert	24a. REC'		24b. REGISTRAR'S SI	IGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIRE VS A15 (4) 15M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY ALTO b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 3ALTO d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Moaddies YES NO 3. NAME OF Middle Lost 4. DATE Month Day Year DECEASED DEATH (Type or print) 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX MARRIED NEVER MARRIED Months Days DIVORCED | WIDOWED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) during most of working life, even if retired carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician maye 15. WAS DECEASED EVER N U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** casse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work 21. I certify that I attended the deceased from OC+ that I last saw the deceased 420 M, from the causes and an the date stated above a and that death accurred at ADDRESS (Street, city or low DATE SIGNED ACTUAL DIRE PHYSICIAN'S

FUNERAL agod 10

VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE J.F. Eline & Sons Reisterstown.Md.

22b. DATE THEREOF

NAME (Type) 220. BURIAL, CREMATION,

> Oct.22.1958 Lorraine Cemeterv **ADDRESS**

22c. NAME OF CEMETERY OR CREMATORY

24g, REC'D BY REGISTRAR

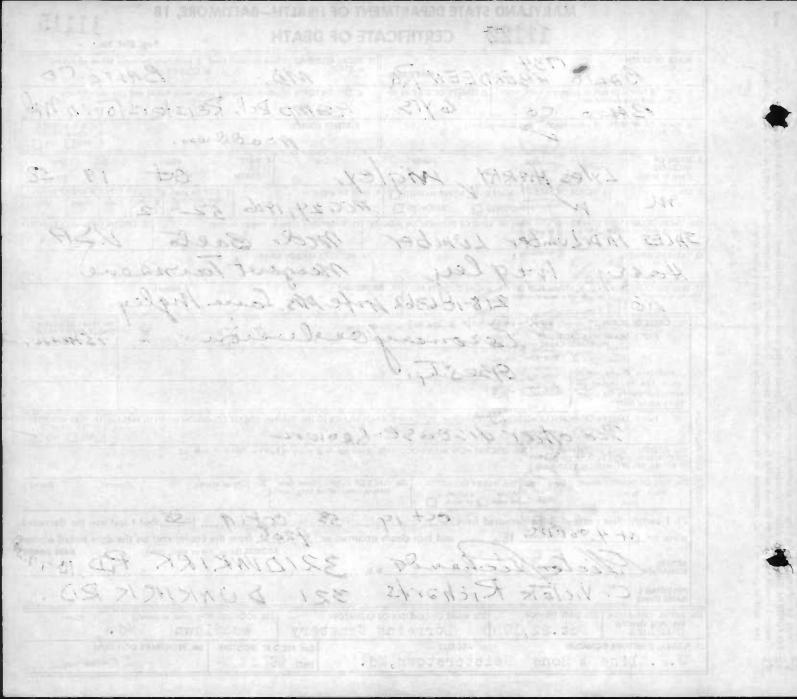
24b. REGISTRAR'S SIGNATURE arthur S. Haus

Md.

(Stote)

22d. LOCATION (City, town, or county)

Woodlawn



22c. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL

22d. LOCATION (City, town, or county)

YORE MARYTAND
246. REGISTRAT'S SIGNATURE

arthur & Hears

RATTIMORE

8 '58

240. REC'D BY REGISTRAR

(Stote)

and carbon shauld 3 0

berfiled

Arlington S Phillips, 1808-10 N. Monroe St., Baltimore 17, Md.

220. BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4) 15M 9/55

igned by the attending physician and campletely filled in by the permit. Then please remove carbon papers. Pages I and 2 should be filed with in any exert within 72 hours offer death.
ed by the attending physician and completely filled in by the eral direction. Then please remove carbon papers. Pages I and 2 should be tilled on a vent within 72 haurs offer death.
by the attending physician and campletely filled in by the straint. Then please remave carbon papers. Pages 1 and 2 should be now event within 72 hours offer death.
by the attending physician and campletely filled in by the strent. Then please remayer carbon papers. Pages 1 and 2 show one want within 72 hours offer death.
ed by the attending physician and campletely filled in by rrmit. Then please remove carbon papers. Pages I and 2 now sweat within 72 haurs after death.
led by the attending physician and campletely filled strmit. Then please remave carbon papers. Pages 1 one event within 22 hours offer death.
led by the attending physician and campletely forms. Then please remove carbon papers. Pag one swart within 72 haurs offer death.
ed by the attending physician and cample strmit. Then please remave carbon papers. one event within 72 haurs offer death.
ed by the attending physician and strait. Then please remave carbon of any event within 72 haurs offer de
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11124 CERTIFICATE OF DEATH

11117

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY  72  14  14	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Daltimore MAK	YLAND Maryland B. COUNTY Caltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	IN 1b c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town)
Unase	× Chase
d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  BOX 282 Blackhead	Rd Rt. 16 Box 282 Blockhead Rd. e. IS RESIDENCE ON A FARM?
NAME OF DECEASED (Type or print) Samuel E	NI/SON 4. DATE Month Day Year OF DEATH OCT 10. 1958
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCE  WIDOWED DIVORCE	1ED 8. DATE OF SIRTH 9. AGE (In years   IF UNDER 1 YEAR F UNDER 24 HRS.
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS O	
Painter-Retired P. R.	R. Howard Co. Md. U. S. A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO	D. 17. INFORMANT Address Address
(If yes, no. or imknown) (If yes, give wor or dates of service) None	Mrs. Maurice T. De Graw Pt. 16-Box 182 20
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)	.] INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ONSET AND DEATH
420.1 DUE TO	or and the second
Conditions if any which )	ALIZED ARTERIOSELEROSIS
gave rise to immediate	HEIZE TINTENIO JELENOS (S
cause (o), stating the under-	
lying cause last. ) (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from.	FPT , 1958, to Oct 10 , 1958, that I last saw the decease
0 10 2	9:460
dive dil	ADDRESS (Street, city or town, state)  DATE SIGNE
SIGNATURE LOCEUS Semenoff	MD. 21.08 OREMS RD 10/11/5
PHYSICIAN'S LOUIS SEMENOF	F BACTIMOREZO, MD
20. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEM	NETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial Oct. 13, 1958 Ehene	zer Methodist Balto, Co. Md.
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. RECONST REGISTRAR 246. REQISTRAR SIGNATURE
Torrahm James al Home 7401 6	Relair Rd DATE OCT 1 4 58 arthur S. Knows
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	25112		SEERS CO.
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	Charles berne		
CONTRACTOR OF THE PARTY.			NUMBER OF STREET
		1 2000	
	Verbud't W		

NAME OF THE PERSON NAME OF THE P

TO HOSPITAL OR

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11125 CERTIFICATE OF DEATH

11118

										Reg.	Dist. No	<b>)</b> .	
1. PLACE OF DEATH	ltimore			MARYLAND	2.	o. STATE	-		d lived. If institut b. COUNT	Y -			ion)
		-			-		ryl			Бa	ltin		
RURAL and give ne		write	c. LENGTH	OF STAY IN 16	5	c. CITY OR TO	cm.	utside corpo	prote limits, write	RURAL on	d give ne	arest lown	)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, giv		address)		1	d. STREET ADD		5011				e. IS RES	DENCE FARM?
Codd N	ursing Hon	ne			1	00 E.	Pen	nsyl	vania A	ven	ue		NO 🔀
3. NAME OF DECEASED (Type or print)	MAUDE First		I.	Middle WIMSE	ГT	Lost		4. DATE OF DEATH	Octob		11.	-,	reor 9 58
5. SEX	6. COLOR OR RACE	- MARR	IED NEVE	R MARRIED	B. D.	ATE OF BIRTH			9. AGE (In years	,	ER I YEAR	R IF UNDE	
Female	White v	VIDOWE	D 🔲	DIVORCED	Au	gust ]	0.1	.880	1 ast birthdoy)	Month:	Doys	Hours	Min.
during most of work	N (Give kind of work do ing life, even if retired) acher-ret		KIND OF BU	Schoo			E (State	or foreign c	ountry)	12. (		OF WHAT	COUNTRY
13. FATHER'S NAME	adiror 100	•   0	Janioy	201100.	-	MOTHER'S MA					US	747	
Charles	Wimsett								Frock				
15. WAS DECEASED EVE		57 16.	SOCIAL SECL	IRITY NO. 17.	INFOR	RMANT	COLIC	T THE		dress			
(Yes, no. or unknown)	None	ice)	None	е	Fa	mily F	Reco	rds					
	TH [Enter only one cous	e per lin	ne for (a), (b)	/ond (c).] /	/	).1					INT	ERYAL BE	WEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_		18	ear	1	relu	ul				ON	SET AND	DEATH
1422,1	DUE TO	2	/	0/1	0		_			1	1	rel	1
Conditions, if a		lly	tend &	clurk	uc	card	in	- va	sculara	Lies	u	3 40.	ers
gove rise to in couse (o), stating t												1	
lying couse lost.	) (c)_												
PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ER SIGNIFICANT CONDI	TIONS C	ONTRIBUTIN	G TO DEATH BU	TON	RELATED TO TH	IE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN P	ART 1(o)	19. WAS A PERFO YES [	RMED?
	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	RIBE HOW I	NJURY OCCURR	ED. (Er	iter nature of in	jury in P	ort 1 or Par	t II of item 18.)				
20c. TIME OF INJURY Hour o. m.	Month, Doy, Year	20d. IN	JURY OCCU		LACE (	OF INJURY (Hor	ne, form,	20f. (City	or town)		(County)		(State)
Hour o.m.	19	While of work	Not whi		octory,	street, office bl	dg., etc.)	)					
21. I certify the	at I attended the d	ecease	ed from	Juli	/	166	ha	aes	1052	that	Llost	aw the	decease
alive an/_	- 10-11	195		that deat	h acc	urred at /	1 4	M from	n the causes				
	/ 11 -		1				, ,		reet, city or town,		me du		TE SIGNE
ACTUAL SIGNATURE	valtu s.	1	ces		M.D.		Co	che	y soul	le	1	0-12	58
PHYSICIAN'S NAME (Type)	Valter	1.	KE	EES			7	Zva	ry Ce	au	l		
220. BURIAL, CREMATION REMOVAL (Specify)		158		OF CEMETERY					NON (City, town,			(Stote	
Burial 23. FUNERAL DIRECTOR'S	Oct.14,19	100	ADDRES		elli 6	tery			hervill				
John Bu		Т		. Marv]	her	24	a. REC'D	BY REGIST	RAR 24b. REG	rthun .			
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TO FUNERAL DIRECTOR

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11126 CERTIFICATE OF DEATH

11126

11119

1. PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore 24	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	1 d. STREET ADDRESS  ON A FARM?  YES NO
3. NAME OF DECEASED (Type or print) RUSSELL A WOL	Lost 4. DATE Month Day Year OF DEATH 10 18 1958
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)  PUMP MAN STANDARD OIL CO-RETIRE	2.5
13. FATHER'S NAME ADAM WOLFE	14. MOTHER'S MAIDEN NAME
(Yes, no. or unknown) (If yes, give wor or dates of service)	INFORMANT Address MMA L. WOLFE 7616 LARSON AVE
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which  gave rise to immediate	y sedem ? INTERVAL BETWEEN ONSET AND DEATH 2 days  Thronbosis 6 days
lying couse lost.  DUE TO  Lying couse lost.  (c)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATI	PERFORMED? YES NO
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Part II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
21. I certify that I attended the deceased from alive on OH 18, 1958, and that death ACTUAL SIGNATURE MORRIS A- Jacob PHYSICIAN'S MORRIS A- Jacob	n accurred at
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY  22d. LOCATION (City, town, or county)  BALTO CO  MD
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clarence F. Hoffman 3218 Hudson	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  OCT 2 0 '58  Oction & Frank

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MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

11127 CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution in the country and b. COUNT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORE HOWARD	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write Baltimore	RURAL ond give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Veterans Administratio		d. STREET ADDRESS 4 East 32nd Street	e. IS RESIDENCE ON A FARM? YES NO P
3. NAME OF First DECEASED (Type or print) CLINTON	Middle P.	WYATT 4. DATE Mc OF DEATH Octobe	onth Doy Yeor r 28 1958
5. SEX 6. COLOR OR RACE 7. MARK Male White WIDOW		B. DATE OF BIRTH December 22,1894  9. AGE (In years lost birthday) 63  75  76  77  78  79  79  70  70  70  70  70  70  70  70	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Lawyer  13. FATHER'S NAME	kind of Business or Indurivate Practic	stry 11. Birthplace (Stole or foreign country) e Bryansburg, Kentucky	U. S. A.
Lee C. Wyatt	SOCIAL SECURITY NO. 17.	Samantha A. Clark	
Yes, no, or unknown) Yes WW I	12-40-5392 CI	in.Rec., Vet. Adm. Hospital,	oress Ft. Howard, Maryland
18. CAUSE OF DEATH [Enter only one couse per line PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) BRO  49 / X DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	ne for (o), (b), ond (c).] NCHOPNEUMON IA -	-BILATERAL	INTERVAL BETWEEN ONSET AND DEATH UNICNOWN
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.)	
Hour o. m. While	NJURY OCCURRED 20e. PL Not while k ot work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(County) (State)
21. I certify that Kattended the decease  EXECUTE: ACTUAL SIGNATURE THE TEN WET LAN M.  PHYSICIAN'S NAME (Type) CHIEN WET LAN M.	XXXX, and that death	6., 1958., to October 28., 1956 accurred at 8:00P.M, fram the causes ADDRESS (Street, city or town, M.D. VAH, FORT HOWARD, MARYLANI VAH, FORT HOWARD, MARYLANI	and an the date stated above DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) Burial  23. FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY OB Baltimore Nat	r CREMATORY 22d. LOCATION (City, town. ional Cemetery Baltimore, 1	or county) (Stote)
774-1 6-4	6009 Harford	Kd. DATENOV 6 '58 a	When S. Kraus

a distinct for the state of the Constitution of the second of MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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may be retained E TO HOSPITAL OR

VS A15 (4) 15M 10/57

11129 **CERTIFICATE OF DEATH** 

1. PLACE OF DEATH o. COUNTY B	altimore	MARYLA		o. STATE Maryl		lived. If instituti b. COUNTY		efore admission)
b. CITY OR TOWN RURAL ond give Towson		vrite c. LENGTH OF STAY IN		c. CITY OR TOWN (IF	outside corpore	ote limits, write R	URAL ond give	nearest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give	street address)		d. STREET ADDRESS	Susquer	anna Av	enue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	GEORGE	W. ZEIGLER		Lost	4. DATE OF DEATH	October		9 Yeor
5. SEX Male	TT-2A-	MARRIED NEVER MARRIED		ov. 14,1873		AGE (In years log birthdoy)	Months Day	AR IF UNDER 24 HRS. s Hours Min.
Gardner	ION (Give kind of work dane orking life, even if retired)  — retired	106. KIND OF BUSINESS OR	INDUSTRY	Pennsylva	or foreign counties	untry)	12. CITIZEN	USA USA
13. FATHER'S NAME			1	4. MOTHER'S MAIDEN	NAME			
	. Zeigler			Mary ?				
(Yes, no. or unknown)	(If yes, give wor or dates of service		Mau	rice Zeigle	r, Time	onium, M		
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  ony, which immediate (b)	Per line for (o), (b), and (c).}  Cerebrae  Revecula	ez	Ebrilla	teon	, Chr.	nie.	NTERVAL SETWEEN NSET AND DEATH WEEN HISTORY
lying cause lost	(c)	ONS CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	/EN IN PART 1(o)	20 JES 19. WAS AUTOPSY PERFORMED?
	/AS UNDERLYING   206 G   CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	CURRED. (I	Enter nature of injury in	Port I or Part	II of item 18.)		YES NO
20c. TIME OF INJU Haur o. m. p. m.	10	20d. INJURY OCCURRED 20 While Nat while at work of wark	De. PLACE factory	OF INJURY (Home, form, street, office bldg., etc.	m, 20f. (City o	or town)	(Count	(State)
alive an	that I attended the de			1950, to 15 coursed at \$30 \$7	M, fram		and an the a	saw the deceased
PHYSICIAN'S NAME (Type)	Tos. A. S'E.	Threk	M.D	Tows	on of	Thed	/	1427/58
220. BURIAL, CREMATI REMOVAL (Specify Burial	Oct. 29,19					ON (City, town,	or county)	(Stote)
23. FUNERAL DIRECTO		ADDRESS			D 8Y REGISTR		STRAR'S SIGNAT	TURE
John B	urns! Sons. I	owson. Marylan	d	DATEOC	T 3 1 '58	Cla	Thun 8 4.	A

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A DESCRIPTION OF PARTY OF AN EXPENSION REPORTS OF THE PARTY OF THE PAR
Land Committee of the control of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 11130 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE Baltimore b. COUNTY MARYLAND Md. Balto. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) Bal to. after d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2611 Gwynndale Ave Gwyndale Ave. YES NO T C NAME OF Middle DATE Month Day Yeor DECEASED (Type or print) DEATH GARDNER ZTEGLER 19 58 Oct. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days DIVORCED T papers. WIDOWED | male white June 72 Y's 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo Lawver
13. FATHER'S NAME Md . 14. MOTHER'S MAIDEN NAME Samuel F. Ziegler Ann unknown ģ 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address ding no Mrs. Hel - 2611 Gw nndale Ave. Ziegler 1B. CAUSE OF DEATH [Enter only one couse of line for (a), (b). and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour factory, street, office bldg., etc.) O. m. While Not while of work at work 22 1958 that I last saw the deceases not I attended the deceased from death accurred at 2 A. M. from the causes and an the date stated above. alive an and that ADDRESS (Street city or down, state) ACTUAL Se. prior DIRE o PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Ridge Pikesville, Md. 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS! 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57 arthur &

MARKET CARTESCATE OF BEATH

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

After this certificate has been signed by the ottending physicion and completely filled in by the for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2

page 3 should be be occorded for use as the buriol-transit permit. Then please remove the registrar prior to buriol, cremation, or removal, and in any event within 72 hours

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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1. PLACE OF DEATH	DIST			2.	USUAL RESI	DENCE (WI	here decease				ence bef	ore odmis	sion)
Baltimore			MARYLA	UND	o. STATE Maryland b. COUNTY Baltimore								
b. CITY OR TOWN (I RURAL and give no Cat	1 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Catonsville											
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADDRESS e. IS RES								SIDENCE A FARM?
181	/	/ 1818 Edmondson Ave.							YES NO				
3. NAME OF First Middle  Compared to the first Middle McLane Z  Type or print) Joseph McLane Z					ler Sr		4. DATE OF DEATH		Mon	ober		7,	Year 1958
5. SEX	6. COLOR OR RACE	7. MAR	MARRIED NEVER MARRIED		ATE OF BIRT		9. AGE (In years						
Male	White	WIDOW	ED DIVORCED	□ Ma	rch 8,	1875	5	83	yrs.	Months	Days	Hours	Min.
during most of worl	ON (Give kind of work king life, even if retired Retired		KIND OF BUSINESS OR	•	Bal	timor	e, M	id.		12. C	USA	OF WHAT	COUNTR
	nry Zolle				4. MOTHER'S			I a T am a					
15. WAS DECEASED EVE	17 INFO	Lizzie McLane INFORMANT Address											
	(If yes, give war or dates of i				Marie	K. 70	ller	1818		nonds	on i	AVe.	
Canditions, if a gave rise to i cause (a), stating lying cause last.	ny, which (b	Gen	ht cerebra				iosc	leros	sis		2	day 0 yr	`s <b>+</b>
CATI		IDITIONS	CONTRIBUTING TO DEAT	H BUT NO	RELATED TO	THE TERMI	INAL DISEAS	SE CONDITI	ON GIV	EN IN PA	RT 1(a)	PERFC	AUTOPSY DRMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCC	URRED. (E	nter nature a	finjury in I	Part I or Par	rt II of item	18.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	or 20d. I While of was	_ Not while	De. PLACE factory,	OF INJURY (I street, office	lome, form bldg., etc.	20f. (City	y or town)			(County)		(Stote)
21. I certify the alive an QQ to ACTUAL SIGNATURE	at I attended the	decease 19	sed from	eath oc		3:30	PM, fran	m the ca	Uses o	and on state)		ite state	
PHYSICIAN'S NAME (Type) R	. V. Rang	le,	M.D.										
220. BURIAL, CREMATIO REMOVAL (Specify) Burial			22c. NAME OF CEMETE Woodl		EMATORY			TION (City.		- "		(Stat	e)
23 FUNERAL DIRECTOR			ADDRESS	4	- 1	24a. REC'I	D BY REGIST			STRAR'S S		RE	
Torrahaut	En lot	Zane a	741 A	1	A)		T 1 / 15		0	11 - 0	1		

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